

General questions about RFP and Submission Process

Item #	Submitter	RFP Page	RFP Section	Question	Answer
1	Greystone	3		Can the State please verify that the waivers listed on the CMS website for the State of Louisiana at http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/08_WavMap.asp are the most current versions of the State's Waivers: If these are not the most current, can you please provide an electronic resource for the most current version?	The current Waiver programs for Louisiana are listed on the CMS website.
2	Greystone	3	Waiver Programs	The CMS website does not appear to have either of the following waivers listed, could the State please provide an electronic resource for the most current versions? Long term personal care services program; La Personal Options Program. If there are other current or pending / proposed waivers not listed that might impact this project, can you please provide an electronic resource for the most current version?	LT-PCS is a State Plan Amendment not a waiver so it will not be shown on the CMS website. LA-POP is in development at thistime.
3	APS Healthcare	5	I.A	References "movement to a regionally-based access system" as one of the programmatic changes expected to occur of the contract term. What is the anticipated timeline for implementing a regional single entry point agencies in other regions?	Movement to a regionally based access system is in an early pilot phase and movement will be phased in based on the success of the current single point of entry process.
4	Greystone			As these are future goals that may impact the service delivery, could the State please describe, at a high level, the perceived timeline, as well as major deliverables related to this activity?	See Item 3.
5	Public Consulting Group	5	I.(B)	What is the timetable for moving to a regionally based access system?	See Item 3.
6	ACS		General Question	What is the roll out schedule for SPOE?	See Item 3.
7	Maximus	21	II. Scope of Work, E add'l tasks	If a regional approach is implemented during the contract period is it the intention of the department to have the contractor or the single point of entries (SPOE) conduct ongoing client monitoring (monthly telephone contacts and quarterly client visits)?	For purposes of preparing a response to II.E (Additional tasks), contractor will be responsible for these tasks in any region where a regional SPOE is not operational.

8	Maximus	5	B. Purpose of Request for Proposal (RFP), Movement to a regionally-based access system	Would the Office of Aging and Adult Services (OAAS) entertain a hybrid model with some activities centralized and others decentralized at the regional level? If a regional approach is implemented during the contract period is it the intention of the department to have the contractor or the single point of entries (SPOE) conduct ongoing client monitoring (monthly telephone contacts and quarterly client visits)?	First Question: The Proposer may recommend any model, however proposals will be evaluated based on the evaluation criteria as noted in the RFP. Second question: Client monitoring responsibilities will transition to SPOE as regional SPOEs are transitioned into operations.
9	Public Consulting Group	5	I. (B)	What is OAAS's view of what constitutes cost-effective services?	The cost of the services follows economic best practices yet allows the provider to sufficiently service the needs of this population.
10	CHCS			Are you looking for one vendor as a solution for all 9 administrative regions or will you consider multiple vendors across the state (different one for each region)?	The RFP is for one vendor as the solution for all administrative regions that do not have a regional Single Point of Entry.
11	Greystone	3	HCBS-EDA registry	How are applicants placed on the waiting list? Is it by date, LOC scoring, (e.g., "imminent risk criteria")?	Persons are placed on the waiting list by date.
12	KEPRO	18	Attachment II: CF1 page 43	Can the Department clarify what kind of equipment they think will be purchased under the contract and what is the determining factor for identifying any equipment purchased under this contract? For instance, if computers are purchased for staff working on the contract, is the contractor expected to turn these over to the contractor at the end of the contract?	See Attachment 2 of RFP (CF-1, 18).
13	KEPRO			Does the contractor have to provide a list of expected equipment purchases with our proposal submission?	It is not required. The proposer may choose what to submit as long as it contains all Items in section III.G.4.h. Cost and Pricing Analysis.
14	Healthcare Solutions	18	C.2	We are unable to locate the Deliverable section as mentioned on Page 18, C/2. Will OAAS please clarify the location of this section?	The deliverables for the contract are included within Section II. A-F.
15	Healthcare Solutions	18	C.2	Will OAAS please expand on the definition of basic data gathering?	Uncomplicated data gathering that may be routinely requested and simply extracted by the successful bidder.
16	KEPRO	18	II.C.18 Subsection 8	Can the periodic meetings between the contractor and OAAS and other Department of Health & Hospital staff occur via teleconferencing?	This issue will be determined through contract negotiations.
17	KEPRO			If not, where would these meetings take place?	See Item 16.
18	FedSource			Is there a solicitation number for this RFP?	The solicitation number in LAPAC is 305PUR-DHHRFP-OAAS-LTC.

19	KEPRO	General	Can a list of attendees at the bidders conference be made available?	Yes, see addendum # 4.
20	APS Healthcare	III.C	Proposal Submission, (page 27) provided an address to mail proposals to the state. However, delivery services will not deliver proposal boxes to P.O. addresses. Please confirm if the proposer can mail the proposal boxes to the following address: Gina Rossi, LCSW, MHSA; Program Manager; Office of Aging and Adult Services; Department of Health and Hospitals; 628 North 4th Street; Baton Rouge, LA 70821	See page 27 of the RFP.
21	Healthcare Solutions	General	If State and/or Federal reimbursement mileage rates increase, will the successful contractor be allowed to submit the additional costs for reimbursement during the term of the contract in the time period in which the increase occurs?	No.
22	Healthcare Solutions	General	Is postage a pass-through cost?	No.
23	APS Healthcare	23 II.H	Section II.H., Insurance Requirements, (page 23) states "Special hazards as determined by the Department shall be covered." Can OAAS provide clarification on whether the special hazards insurance in terms of the nature and amoun of such insurance?	At this time, DHH is not aware of any Special Hazards insurance that would be required beyond General Liability.
24	Maximus	General	Will the State agree to limit the Contractor's liability to the Contractor's revenue from the Contract?	No.
25	Healthcare Solutions	General	In order to ensure that all bidders submit the same cost format and that all bidder's costs are evaluated equally, will OAAS please provide a cost template that includes, at a minimum, cost breakdown entries for all of the Part II, B, Scope of Work items 1, 5, 7, 9, 12, 16, 21, 22, 23, 24 and 29?	The RFP states in III G. 4h, pages 31-33 the manner in which a Proposer should present a cost proposal. The state does not have a cost template and encourages Proposers to be specific for all Items equipment, personnel, administrative and other costs and include all relevant cost assumptions contained in the cost proposal.
26	Maximus	General	We respectfully request confirmation that there is no separation of technical and cost proposals that they are together in written form, bound together, and packaged together for submission.	Yes, the technical and cost proposals should be packaged and sent at the same time.
27	KEPRO	I.G.7	The schedule of Events lists 5/18/09 as the Contract start date. Does DHH anticipate that this will be the go live date?	See addendum # 1.

28	KEPRO		I.G.7	Or will assessments begin at a later date?	See addendum # 1.
29	Healthcare Solutions	7	7	Please clarify if it is the intent of the OAAS to have the selected contractor to begin contract operations on May 18, 2009, or is it the intent of OAAS to begin the contract on May 18, 2009 and operations to begin on July 1, 2009?	See addendum # 1.
30	Healthcare Solutions	7	7	Will the contract term (3 years) be from May 18, 2009 thru May 17, 2012?	See addendum # 1.
31		20	II.D.	Outlines phases for implementation. Phase 1 addresses the Readiness Review which is to be completed "two weeks prior to Begin-Operations date." Phase 2 (page 21) of implementation indicates that the "begin-Operations" date is the "start of the Contract."	See addendum # 1.
32	Public Consulting Group	20	D	In light of the new date for the submission of proposals, what are the new dates for the contract award and Begin Oerations?	See addendum # 1.
33	Central Control Center			According to the schedule of events on page 7 of the RFP, it states that the contract will begin on May 18, 2009. Does this mean that the contractor chosen for this project would have to have the center up and running, or does it mean that the work would begin to get it running on that date?	See addendum # 1.
34	APS Healthcare	21	II.F	References a "procurement Library." Is that relevant materials in III.B, Resources Available to Proposers, or is there additional material available at a specific physical location?	All components of the Procurement Library are listed in III.B. Under "Resources Available To Proposers?"
35	Healthcare Solutions	21	E1. /E2	Is it OAAS' expectation that the responders for this opportunity determine the specified tasks, frequency, and volumes to cost tasks indicated in E1 & E2? If so, does this allow for an equal evaluation of responders work plans and cost as indicated in I. General Information, G. Schedule of Events.	Yes, It is OAAS 's expectation that responders use the specified functions, frequencies, and volumes indicated in E1, E2, and in the volume estimates provided in the attachment to the RFP.
36	Maximus	28-29	III.G.4	Further, in the discussion of the Work Plan, the Proposer is to state its approach to achieving each "objective of the project." There are several places in the RFP that refer to objective-like items or results, but nowhere is there a specific discussion or identification of objectives. Are these the service tasks present on page 10 – 17?	The Proposer should present a work plan that demonstrates how the proposer will meet all of the deliverable requirements in Section II. A-F.
37	EDS	N/A	General	Based on our experience, an appropriate transition period for this type of scope of work described in the RFP is 90 days. Please clarify OAAS' transition time line for this implementation if another vendor is selected.	OAAS anticipates that there will be a transition period of between 60-90 days,
38	APS Healthcare		II.K	States "DHH reserves the right to renew or extend the contract." What are the renewal options?	This is a 3-year contract; the ability to renew or extend is not known at this time.

39	Maximus	24	k	"DHH has the right to amend the contract." Does this mean there can be a change in the originally submitted price?	Yes.
40	APS Healthcare	22	II.G.	States "the contractor shall not contract with any other party without the express prior written approval of the Department." If a subcontractor was included in the proposal, we would assume that the proposed subcontractor would be acceptable in the prime bidder is awarded the contract. Please confirm. If not, what specifically is the Department's process for subcontractor approval (and associated timeframe for approval) in such a situation? Also, clarify whether subcontracting documents (i.e., letters of agreement, teaming agreements, etc.) are required as part of the proposal submission.	That assumption is incorrect. Final approval/disapproval for subcontractors submitted with proposals will occur during contract negotiations. Subcontracting documents are to be submitted with proposal if subcontractor is known.
41	KEPRO		II.G.31-33 Subsection H	Does DHH have a standard format for submission of the Cost and Pricing Analysis, or is the Proposer free to submit in a format of its own choosing?	The RFP states in III G. 4h, pages 31-33 the manner in which a Proposer should present a cost proposal. The state does not plan to design a cost template and encourages Proposers to be specific for equipment, personnel, administrative and other costs and include all relevant cost assumptions contained in the cost proposal.
42	Healthcare Solutions	32	III,G4.h cost & pricing analysis	In # 4, does "client" refer to individuals currently receiving services or individuals that have applied for services? The difference in volume will have an affect on a bidder's cost estimates.	The customer satisfaction will be directed towards clients who have contacted the SPOE.
43	APS Healthcare	24	II.L	Requires "an annual 10% retainage will be established" which is released upon completion of key access performance activities monitored by OAAS. First, is this the same retainage referenced in Section IV, Other Logistics (page 31)?	Yes.
44	APS Healthcare			Additionally, would OAAS consider a gradual or proportional release the retainage? For example, for LOCET accuracy a finding of 90 percent accuracy (95% of the 95% standard) would result in release of 47.5% of the retainage (95% of the ½ of the retainage attributable to this performance target).	No.
45	Maximus	30	III.D	Is there a specific cost form bidders are required to fill out for providing pricing for the possible additional tasks? Does the department want a total fixed cost per additional task?	First Question: No.. Second Question: Yes.
46	Maximus	31	III.H	Is there a specific cost form bidders are required to fill out? If not, how would the department advise the cost proposal be provided?	See Item 45.

47	Maximus	28	III.G.1	The RFP states: "an item-by-item response to the Request for Proposals is requested." Is this intended to mean a response to the entire RFP, including Section I about the history of the program and RFP logistics, or solely to section II of the SOW?	The meaning of the sentence is self-explanatory.
48	APS Healthcare	28	III.G3	The Request Proposal Outline, (page 28) includes a list that does not exactly mirror the order of the sections listed in item 4, Content of Proposal Outlines Listed Above. Please confirm if proposals are to follow the order of sections listed in item 4.	Yes, proposals should follow the order of sections listed in Item 4 in the RFP.
49	Maximus	28	III.G.3 and 4	The requested proposal outline (#3) does not match the descriptions of the required content (#4) that follow the outline. Essentially, in item 4 there is an extra heading, d. Possible Additional Tasks, which makes the numbering or labeling inconsistent.	Disregard any inconsistency.
50	Maximus	28-29	III.G.4	It is not always clear exactly what the Department expects organizationally. For example, Section II. Scope of Work, B. Services to be Provided contains very important information for the Proposer to respond to, however, should this response be included in the proposal section b. Understanding of Project Scope or in the proposal section c. Work Plan?	There may be instances where the proposers may choose to overlap information. Understanding of Project Scope includes an overall grasp of understanding of the project. The Work Plan is a detailed breakdown of the project.
51	APS Healthcare	29	III.G.4c.14	"detailed breakdown of how services will be provided." 4.c. Work Plan should present a "breakdown into logical tasks and time frames all work to be performed." Is this duplicative?	Yes, the detailed breakdown should be included in the Work Plan section.
52	APS Healthcare	28	III.F	Addresses the required certification. Please confirm whether the Certification Statement should follow the transmittal letter of the proposal.	The certification statement must be included with the RFP submission.
53	Maximus	30	III.G.4.e.	The RFP states that the contractor should have "within the last 24 months, completed a similar type project." In which functional areas does the Department prefer the proposer to have experience specifically in the recent 24 months?	The statement is self-explanatory.
54	Maximus	32	h. Cost and Pricing Analysis	Does Client assessment refer to initial, annual reassessment, and change of condition face-to-face assessment?	Yes.
55	Healthcare Solutions	32	III, G.4.h cost & pricing analysis	Does OAAS want the potential contractor to provide cost details for each of the 30 services/tasks mentioned in Part II, B. SOW? Does OAAS want to see all cost details or just personnel cost details?	For each year of the contract, the cost should be proposed in 2 sections: a cost per assessment and a fixed monthly rate which will include all other activities as described in Section III.G.4.h. Each cost proposal must include a breakdown of how the cost was determined.

56	APS Healthcare	Cost and Pricing Analysis, (page 32) "itemized cost breakdown" requested appears to be duplicative. For example, there a staffing costs involved in providing I&R (item 1) and LOC determinations (item 5) and client assessments (item 6), but item 11 requests requests a "personnel expense breakdown by each function." Is the use of multiple exhibits acceptable in order to show overall costs and requested breakdowns?	Yes.
57	APS Healthcare	What is the structured method of payment for "all other contract activities" required under the RFP?	For each year of the contract, the cost should be proposed in 2 sections: a cost per assessment and a fixed monthly rate which will include all other activities as described in Section III.G.4.h. Each cost proposal must include a breakdown of how the cost was determined.
58	APS Healthcare	Is this a fixed price per month unrelated to actual volume of services (e.g. LOC determinations)?	For each year of the contract, the cost should be proposed in 2 sections: a cost per assessment and a fixed monthly rate which will include all other activities as described in Section III.G.4.h. Each cost proposal must include a breakdown of how the cost was determined.
59	Arbitrie	Can the cost of the data system and phone system be a stand alone? The upfront cost for these two items will be quite large and need to be paid in a timely manner. By rolling those costs in to the per/unit cost it will cause a lengthy delay in payment to the developers	For each year of the contract, the cost should be proposed in 2 sections: a cost per assessment and a fixed monthly rate which will include all other activities as described in Section III.G.4.h. Each cost proposal must include a breakdown of how the cost was determined.
60	KEPRO	Sec G.4.h outlines eleven(11) functions that need to have itemize cost breakdown with items 1 and 5 requesting additional itemization by function as detailed in the scope of work. Can DHH confirm that the proposer will need to provide itemized cost breakdowns for the 30 functions listed under Sec B – Scope of Work, summarized under the 11 items outlined under Sec G.4.h?	For each year of the contract, the cost should be proposed in 2 sections: a cost per assessment and a fixed monthly rate which will include all other activities as described in Section III.G.4.h. Each cost proposal must include a breakdown of how the cost was determined.
61	KEPRO	The RFP states that an item by item breakdown of costs must be included in the proposal. Can DHH clarify if this breakdown needs to be by expense category, i.e. telephone expense, or is DHH looking for a description of each component of the expense, i.e. expense associated with inbound information calls, teleconferences, telephonic assessments, etc.?	The RFP states in III G. 4h, pages 31-33 the manner in which a Proposer should present a cost proposal. The state does not plan to design a cost template and encourages Proposers to be specific for equipment, personnel, administrative and other costs and include all relevant cosst assumptions contained in the cost proposal

62	Maximus	31	III.H	"In the total cost proposal, proposers will separate their annual costs into two components, 1). Costs for client assessments, and 2) all other costs." Do the bidders need to provide a total cost per client assessment per year, or one total cost per client assessment to be used throughout the 3 year contract term? Also, should the bidder provide one total fixed cost for the second component ("all other costs"), or a fixed cost per year? How will the contractor be reimbursed for "all other costs?"	For each year of the contract, the cost should be proposed in 2 sections: a cost per assessment and a fixed monthly rate which will include all other activities as described in Section III.G.4.h. Each cost proposal must include a breakdown of how the cost was determined.
63	Maximus	32	III.H	Will implementation costs be reimbursed up-front? If not, where should the bidder provide pricing for implementation costs and how will they be reimbursed?	For each year of the contract, the cost should be proposed in 2 sections: a cost per assessment and a fixed monthly rate which will include all other activities as described in Section III.G.4.h. Each cost proposal must include a breakdown of how the cost was determined.
64	APS Healthcare			Also, instructions call for separation of total annual costs into two components, 1) cost for client assessments, and 2) all other costs. Payment related to client assessment appears to be based on a unit cost (per assessment) the actual number of assessments completed in a given month? Please confirm. What is the structured method of payment for "all other contract activities" required under the RFP? Is this a fixed price per month unrelated to actual volume of services (e.g. LOC determinations)?	For each year of the contract, the cost should be proposed in 2 sections: a cost per assessment and a fixed monthly rate which will include all other activities as described in Section III.G.4.h. Each cost proposal must include a breakdown of how the cost was determined.
65	APS Healthcare	36	IV.4	Addresses the handling of such information. If a proposer submitted proprietary information as part of the proposal submission, please confirm if one redacted hard copy proposal will suffice.	Yes, a redacted version will suffice.
66	LHCR	0		Would the state be willing to consider additional tasks that would help achieve the objective of controlling costs and improving quality even if these tasks are not specifically identified in the RFP?	Yes.
67	Greystone			A process flow diagram that outlines how Louisiana would like the process to work in the future?	This is not available. The proposer is encouraged to submit a process flow chart based on this RFP.
68	APS Healthcare			Is there an anticipated timeframe for when a decision would be made (e.g. is legislative authorization or additional budget authority required)?	Unclear as to what "decision" is referenced. The OAAS plans to proceed with this RFP. However all state program funding is contingent upon legislative approval.
69	KEPRO		General	Has DHH developed a budget for funding this SOW for the year July 2009 - June 2010?	Yes, however no budget is final until approved by the legislature.
70	APS Healthcare		II.K	States that the "contract is contingent upon the appropriation of funds by the legislature." What is the current funding available?	The amount available is not known at this time.

71	Public Consulting Group	9	II (A) (10.)	What does OAAS envision regarding "improved control over long term care costs?"	OAAS envisions that if LOCETs and MDS-HC assessments are done accurately, only qualified applicants will receive services and Medicaid services will be allocated equitably according to acuity. OAAS also envisions that care plans will be developed that place an emphasis on using and sustaining (rather than replacing) informal/unpaid caregivers, and that maximize non-Medicaid community supports.
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Possible Expansion

Item #	Submitter	RFP Page	RFP Section	Question	Answer
72	ACS		21	This requirement indicates OAAS may exercise the option of phasing in Universal pre-screening and choice counseling of all persons seeking admission to nursing facilities as this would be an expansion of the use of the Level of Care Evaluation Tool (LOCET). Please define expansion.	Currently the LOCET is completed face-to-face by Nursing Facility staff for the vast majority of Nursing Facility admissions. OAAS may expand the contracted agency's Nursing Facility LOCET administration from only those who happen to call in to the agency to requiring the contractor to perform LOCETs for all nursing facility requestors.
73	ACS		21	This section identifies tasks that "OAAS may exercise the option of phasing in during the term of the contract." One of these tasks includes using LOCET to pre-screen individual seeking admissions to nursing homes. However, Section A (pages 9-10), states that "The contractor will also utilize the Level of Care Evaluation Tool for individuals seeking admission to a nursing facility in the state who contact the access system contractor." Will OAAS please confirm that this requirement should be removed from Section A?	See Item 72.
74	APS Healthcare	21	II.E.	States "OAAS may exercise the option of phasing in additional duties during the term of the LT-PCS contract." Is there an anticipated time frame for when the additional duties, if option is exercised, would commence?	Not at this time.
75	KEPRO		I.A.4-5	What current method (and/or vendor) is being used to complete the LOC screening for NFA?	See Item 72.
76	KEPRO		I.A.4-5	Does the NFA screening need to be conducted by face-to-face assessment or can other means be utilized to obtain the necessary information?	See pages 4 and 5 of the RFP. The NFA LOCETS which are done by the contracted agency will be done by phone.

Staffing

Item #	Submitter	RFP Page	RFP Section	Question	Answer
77	APS Healthcare	18	II.C.4	Requires the LTC-AS contractor to hire and supervise qualified client assessors who have "met or, who upon receiving required training from OAAS, can met OAAS certification standards." Please confirm that contractor staff may be hired post award.	Client assessors may be hired post award.
78	Healthcare Solutions	19	12	Can 4-5 years of experience in working with elderly and/or Medicaid program be substituted for the degree requirements?	No.. The staff qualifications can be found in Item 12 of page 19.
79	Healthcare Solutions	19	12.f	Will the Director of Medicaid/OAAS provide substantiated documentation for requesting removal of individuals from the contract? In other words, what would OAAS consider as grounds for making this request?	No. See RFP Page 19, Item 12.f. Removal is at the discretion of the Director of OAAS / Medicaid.
80	Maximus	19	II.C.12	The RFP requires numerous staff to have a degree in a human services field. Please provide a listing of human services programs/ fields that would meet this requirement.	An example of a human services field would be social work, psychology, counseling, recreational therapy, occupational therapy, physical therapy, nursing, or sociology. Any other degree would need to be approved by OAAS.
81	APS Healthcare	19	II.C.12.e	Indicates that "criminal background check conducted by and at the expense of contractor" is required for certain LTC-AS contractor staff. What level of background check is required?	See Louisiana R.S. 40:1300.52.
82	KEPRO		II.E.21	When will OAAS determine that these additional tasks will be required? (This would impact hiring and training.)	That information is not known at this time.
83	ACS		19	If incumbent employees have already undergone a background check, it is our assumption that this will not be conducted again. Please confirm.	Criminal Background checks must be completed for new employees at time of hire and must be repeated every 2 years.
84	APS Healthcare	31	III.G.4.g	Requests to identify specific "individuals who will work directly on the project," and resumes for key personnel are to be included. Job descriptions for all staff should be included. Is it, therefore, acceptable for only position descriptions to be provided for staff who have not yet been hired (or certified)?	Resumes of key personnel should be included, if known. Job descriptions for all job functions should also be provided. It is possible that not having identified key project personnel could lead to a lower evaluation.
85	APS Healthcare			Based on OAAS evaluation criteria, will this situation result in a lower evaluation score compared to having all qualified staff in place prior to contract execution?	See Item 84.
86	APS Healthcare			If so, what specific positions given that is it not feasible to have certified assessors in place at the time of proposal submission?	See Item 84.

87	Arbitrie			What are the requirements for the LOCET certified staff?	Contractor staff designated to complete the Level of Care Eligibility Tool (LOCET) must meet the staff requirements noted in the RFP and complete the LOCET training course offered by OAAS.
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Enhanced Public Awareness**RFP**

Item #	Submitter	Page	RFP Section	Question	Answer
88	Maximus	9	II. Scope of Work,	One of the results of the services provided under this contract is "enhanced public awareness."	Item is continued in next line.
89	Maximus		A. Project Overview	Is the "enhanced public awareness" intended to result from optimal operation of the call-center or formal outreach efforts? If formal outreach efforts are required, please describe the goals or requirements of the outreach program.	Both. Yes, proposal should include outreach efforts with goals and objectives.
90	Public Consulting Group	9	II (A) (3).	What role does the LTC-AS contractor play in enhancing public awareness of the access system? How aggressive and extensive a marketing effort is envisioned and are the responsibility and costs of developing and implementing the marketing effort to be carried by the contractor?	The proposal should describe how the proposer will enhance public awarenss of the program. Costs will be the responsibility of the contractor.
91	LHCR	0	LHCR	How are LTC clients currently being informed of how to access LTC services? Will the contractor be responsible for the development and implementation of a communications plan to alert the target audience?	LTC clients are currently being informed through websites, contact with Louisiana Answers, ADRCs, or referrals from the aging network. The contractor will be develop and implement a communications plan that must first be approved by OAAS.
92	LHCR	0	LHCR	What type of information, education and/or awareness effort does the State currently have in place to alert people about how to access long term care supports and services? Will the LTC-AS contractor be expected to conduct this type of outreach in order to publicize the call center telephone number?	See Item 90.

Call Center & Communications**RFP**

Item #	Submitter	Page	RFP Section	Question	Answer
93	Arbitrie			Is there a call center already established?	A contracted provider is currently conducting call center activities.
94	Arbitrie			If the call center is not already established, does the successful proposer need to find a rental space to establish the call center?	Yes.

95	Maximus	5	B.	The RFP states that "During the term of this contract, access responsibilities for Region 2 will be the responsibility of the Capitol Area Agency on Aging, and not of the LTC-AS contractor. (For this reason, Region 2 is not included in the most of the volume estimates provided in Attachment 1.) Do the volume estimates in Attachment 1, include inbound calls from potential Region 2 clients seeking HCBS services that are to be referred to Capitol Area of Aging? If not, how many inbound calls are expected that will need to be transferred to Capital Area Agency of Aging?	Region 2: Inbound LTPCS calls in 2007: 6,523; in 2008 (Jan - July) 4,063. Region 2: Single Point of entry Inbound calls in 2007: 9,476; in 2008 (Jan - July) 7,407. OAAS expects that the call volume for Region 2 referrals to decrease over time.
96	APS Healthcare			Please explain the definition of "number of LT-PCS inbound calls." For example, could recipient provider changes be included in LT-PCS inbound calls?	Yes. But that is not considered a live contact.
97	Arbitrie			Are the estimated number of LT-PCS inbound calls and the estimated number of Single Point of Entry inbound information calls all stand alone calls or do the number of Single Point of Entry also repeat the LT-PCS inbound calls.	See Item 112.
98	Maximus	5	B.	The RFP requires coordination and referrals between the LTC-AS contractor and Capitol Area Agency on Aging. What coordination activities and level of activities are expected between the LTC-AS contractor and Capitol Area Agency on Aging?	Communications will be required to establish a process for referring calls, and following up on issues that may arise.
99	Healthcare Solutions	9	II, A 3	Item 3 states the following: "enhanced public awareness of the access system and of services and support choices." What media is OAAS currently using and is it expected that the contractor take over this work. What is the expectation of OAAS? Will OAAS have to approve "enhanced public awareness?	OAAS uses its website, www.oaas.dhh.louisiana.gov for posting information regarding all available programs. Additionally, OAAS develops Fact Sheets (detailing eligibility requirements for these programs) which are sent to applicants who call the contractor. The contractor will be required to continue this process. Any enhancements to this process will need to be approved by OAAS.
100	Maximus	9	II.A	Contractor "will provide information and referral services to persons seeking long term care." Are providers permitted to request this information/ referral on behalf of a client?	Informational and referral is available to anyone in the community.
101	CHCS			Does the vendor need to have an office in Louisiana? In each geographical area?	An office in Louisiana is not required.
102	Public Consulting Group	10	B (1.)	Is it required that the call center be located in Louisiana? How is the Performance Measure determined, by hour, day, week, or month? Or do we use a percentage of callers answered in 120 seconds 14. and under?	See Item 101. Monthly reporting on performance measures.
103	Healthcare Solutions	10	B3	Will OAAS accept an IVR resolution to provide these descriptions of services?	Respondents may propose an IVR resolution.

104	Healthcare Solutions	11	6	What is the purpose of an auto transfer based on area code when the performance measure is based on a successful live transfer?	The purpose of the live transfer are to transfer calls to the regional spoe and other regional spoes that are developed.
Activity Volumes					
Item #	Submitter	RFP Page	RFP Section	Question	Answer
105	Independent Living Systems	21	E.2.	Please confirm that "universal" includes all private pay nursing home admissions. Confirm that the intent is for long term care and not short term rehabilitation services under Medicare post-acute care. Does the 28,626 refer to long term placements or does it include beds for short term Medicare post-acute care?	“Universal” includes all admissions to all nursing homes that accept Medicaid. This includes private pay admissions, short term rehabilitation stays reimbursed under Medicare, and all nursing home stays reimbursed by Medicaid. The figure of 28,626 is inclusive of all these categories
106	APS Healthcare	21	II.E.2	Can OAAS provided an estimate of how many additional individuals would by subject to universal pre-screening and choice counseling if this option were exercised?	Nursing Facility stats are reported on RFP pg. 47
107	Public Consulting Group	47	Attachment 4	Are the counts unduplicated?	Yes.
108	APS Healthcare			What explains the difference in the sum of number of MDS-HC assessments and reassessment and the number of active care plans for LT-PCS only recipients?	For the active care plans the number represents an average at any given point in time over the year, not a sum of care plans across the whole year. The initial & reassessments are a total count across the whole time period.
109	Healthcare Solutions	48	Attachment 4	Would the OAAS please clarify the totals on page 48? The activity totals do not add up correctly horizontally. (DHH Region Chart)	Table 1: Row 1: corrected total: 34299, Row 2 corrected total: 48823, Row 3 corrected Region 9 value: 1710, Row 6 corrected total: 376. Table2 Row1: corrected total: 22694, Row 2 corrected total: 41369, Row 6 corrected total: 1896 See Addendum # 5 for revised chart.
110	Maximus	48	Attachment 4	Attachment 4, 2007 Activity Counts and 2008 Activity Counts vary dramatically by activity from 2007 to 2008 when the 7 month period for 2008 is annualized. For purposes of estimating the number of required staff to support the contract and to facilitate development of a cost proposal, which Activity Counts by year and by activity should be used to develop an accurate staffing model and cost proposal?	OAAS HCBS programs have had steady growth in recent years & this trend is expected to continue. Also see Addendum # 5.
111	Healthcare Solutions	12	10	What is the current annual volume of individual's requesting OAAS program information?	Please refer to RFP pg. 48, Call Volume Estimates

112	APS Healthcare	48-49	Activity Data	Activity Data presented on pages 48-49 includes historic data on various program-related activities. Is the estimated "number of LT-PCS inbound calls" a subset of the estimated "number of Single Point of Entry inbound information calls" received?	Yes. Also see Addendum # 5.
113	KEPRO			This section of the RFP provides the estimated volume of face-to-face assessments to be 10,145 for year 1 - July 2009-June 2010. Under Attachment 4, page 48, the estimated number of initial MDS-HC home visit assessments for 2007 is 3,279. This volume for 2008 appears to be 4,927 when the period of January through July is annualized. Can DHH explain why there is such a large increase in face-to-face assessments for the contract year beginning July 2009?	Both initial MDS-HC & reassessments are done face-to-face, the numbers posed in the question are initials only. In addition, LTPCS has shown steady growth since it began in 2006 and the estimates assumed that this would continue during the contract.
114	KEPRO			Is the expectation of volume of referrals per day based on actual history?	Yes.
115	EDS		Attachment 4-Activity 2007 Counts per year	Are the totals identified on these rows for LOCET initiated telephonically? If not, how are these requests received and what percentage is done telephonically?	Yes.

Processes -- Client Interaction

Item #	Submitter	RFP Page	RFP Section	Question	Answer
116	Greystone			A process flow diagram that outlines how the current process works?	See addendum # 6 for the flow diagram as it is currently being conducted.
117	Maximus	17	1.e	Who is the current Medicaid fiscal agent registry contractor?	Unisys is the FI. Statistical Resources, Inc (SRI) is the Registry Contractor.
118	LHCR	14	LHCR	Page 14 of the RFP identifies the requirement to share updated information with the registry contractor. Please confirm that maintaining the registry is outside the SOW for the LTC-AS contractor. Also, can the state provide more information about the registry contractor and their capability to receive electronic data transfers?	Maintaining the registry is outside the SOW of the LTC-AS contractor. The registry contractor has capability to receive electronic data transfers.
119	Maximus		General	In addition to HCBS-EDA and HCBA-ADHC, are there waiting lists for the LT-PCS, LA-POP, PACE and Nursing Home Services programs?	There are registries with wait times.
120	Independent Living Systems	47		The number of individuals receiving HCBS-EDA (3,420) is relatively small in comparison to the EDA registry (10,054). Are all individuals screened and meeting LOC placed on the list without limits? What is the annual attrition from the registry for reasons other than receipt of service (death, relocation, etc)?	First question: Yes. Second question: The annual attrition rate from the registry for reasons other than receipt of service is 13.3%.

121	APS Healthcare	3	I.A	Item I.A.1 (page 3) mentions the Request for Services registry for HCBS-ED and HCBS-ADHC. Is the registry contractor the same for both programs? Who is this contractor?	Yes--the registry contractor, Statistical Resources, Inc. (SRI) is the contractor who oversees both the ADHC and EDA Waiver registries
122	APS Healthcare	3	I.A	Indicates HCBS-ED recipients "May receive personal care program services concurrently with their HCBS-ED program services." Is this applicable to both traditional PCS and the self-directed option?	Not at this time. OAAS would like to allow this with self-direction at a later date.
123	APS Healthcare	3	I.A	No similar statement exists regarding HCBS-ADHC recipients; may HCBS-ADHC recipients also receive PCS concurrently with waiver services?	Yes, HCBS-ADHC recipients may receive ADHC Waiver services and LT-PCS concurrently.
124	APS Healthcare	3	I.A	Addresses eligibility for HCBS-ED and HCBS-ADHC. Are the differences in eligibility criteria for these two programs?	No.
125	LHCR	3	LHCR	Once eligibility has been determined and the individual has been placed on the Request for Services registry, what is the average wait for initiation of services?	Currently, the wait time is about 90 days for ADHC class members and about 22 months for EDA class members.
126	Public Consulting Group	14	B (19.)	Who will be responsible for notifying the LTC-AS contractor when a client reaches the top of the registry waiting list?	The registry contractor.
127	APS Healthcare	16 & 19	II.B.19	Addresses situations when a client "reaches the top pf the Request for Services registry waiting list." How is LTC-AS contractor to know if LOC additional screening, or eligibility determination documents, are needed in such situations?	Training will be given on this process.
128	EDS	14	Section II. B. 19	How will the registry contractor notify the LOCET contractor about recipients whose eligibility is expiring or on the top of the list?	Currently, the registry contractor notifies the LOCET contractor by spreadsheet a list of persons who have accepted a waiver slot and who need an updated LOCET performed.
129	Healthcare Solutions	16	30	How will the successful contractor know when prior authorizations have been issued in order to contact the recipient?	The registry contractor will provide this information to the LTC-AS contractor electronically in a format to be determined post-award.
130	KEPRO		I.A.3	Is this screen part of the LTC-AS review?	Yes.
131	Independent Living Systems	4		For LT-PCS Program it does not state that a telephonic screening using LOCET is required. If the individual requesting assistance self-reports that they meet the basic requirements then an in-home assessment is administered?	No. A LOCET is required for all LT PCS requestors unless they are currently receiving HCBS services or nursing facility services.

132	APS Healthcare	9	II.A.9	Indicates the LTC-AS contractor will conduct "telephonic eligibility screening of potential clients requesting Medicaid long-term personal care services and other Medicaid HCBS" as well as "individuals seeking admission to a NF in the state who contact the LTC-AS contractor." Is the LTC-AS contractor expected to provide options/choices (i.e. HCBS versus Nursing Facility services) prior to the completion of the LOC determination?	The Intake Analyst is required to briefly explain all program options available to clients as a part of the LOCET interview.
133	EDS	9	Section II. A. 2	Please describe the current eligibility process. Please provide a list of supported technologies if the current system can be programmatically interfaced.	Please refer to "III.B. Resources Available to Proposer" for information regarding the eligibility process. The second portion of this question is unclear. Also see addendum # 10.
134	LHCR	9	LHCR	Objective 7 on page 9 of the RFP identifies the following as one of the services to be performed by the contractor, "comprehensive assessment of client needs connected to person-centered care planning." The RFP identifies two assessment tools that are used, the LOCET for NF and the MDS-HC. Does the state currently use any other assessment tools for performing a comprehensive assessment? If not, given that the MDS-HC was designed as a minimum data set and not a comprehensive assessment tool and process, would it be the responsibility of the LTC-AS contractor?	The MDS-HC is the definitive tool used by OAAS for the basis of a Comprehensive assessment. OAAS also suggests use of two tools relative to Person-Centered Planning, the Routines Map and the Supports Map, which assist the assessor in development of the CPOC.
135	LHCR	0	LHCR	Which version of the MDS-HC is Louisiana using? Should the contractor assume that they would use this version or the most recent version?	Version 2.0 is used. For purposes of this RFP, assume that Version 2.0 will continue to be used.
136	Healthcare Solutions	13	15	Does Telesys provide immediate feedback on pathways in real time and the capability to address imminent risk? If not, is an upgrade scheduled with a due date of the upgrade?	TeleSys provides immediate feedback regarding Pathway eligibility and eligibility on Part 1 of the Imminent Risk determination. See the Level of Care Eligibility Chapter found at the following URL: http://www.dhh.louisiana.gov/publications.asp?ID=105&Detail=2441&Arch=2009 Sections 7.0 through 7.2 give further information on Part 2 of the Imminent Risk Determination. Currently no more than 20.6% of applicants require Part 2 of the Imminent Risk Determination.

137	APS Healthcare	3	I.A	Indicates LT-PCS recipients "must be able to participate in his/her care and direct the services." How specifically is this determination made?	This is a program requirement for LT-PCS. This determination is made after the MDS-HC assessment is done. Information used to make this determination is from the MDS-HC, reviewer observations, and any other available sources. Denying a person LT-PCS under this program requirement is extremely rare.
138	KEPRO		I.A.3	What are the "imminent risk criteria" mentioned in pp 1?	Please refer to "Policy Chapter: Level of Care Eligibility for Long-Term Care Programs," Sections 7.0 through 7.2. http://www.dhh.louisiana.gov/publications.asp?ID=105&Detail=2441&Arch=2009
139	Healthcare Solutions	14	19	In Chapter 9.2 Page 25 of 32 of the LA DHH Level of Care Eligibility for Long Term Care Programs it states that persons residing in a nursing home meet Imminent Risk and Nursing Facility level of care. Why is a LOCET Required?	A LOCET is not required of persons who are leaving a nursing facility in order to go back into the community.
140	APS Healthcare	14	II.B.21	Also references "all other assessment processes conducted as directed by OAAS." What "other" assessment instruments, beyond the MDS-HC, are required to be completed by the LTC-AS contractor?	The LOCET and the MDS-HC.
141	Healthcare Solutions	14	21	What are the other assessment processes conducted as directed by OAAS?	See Items 134 and 140. Other assessments will be discussed during contract negotiations.
142	APS Healthcare			Indicates the annual deadline for reassessment is "between 350-365 days prior to the last assessment." Confirm that the window for completion of reassessments (at the standard amount payment rate) is 350-365 days after the last assessment.	The annual reassessment may begin no earlier than 60 calendar days prior to Plan of Care expiration, and the annual Plan of Care renewal must be completed no later than 14 calendar days prior to Plan of Care expiration. Annual reassessments and Plan of Care renewals that take place within these timeframes will be paid 100% of standard amount. Annual reassessments and Plan of Care renewals that take place outside of these timeframes will be paid at 50% of standard amount.
143	Healthcare Solutions	16	29	What are the program rules for reassessments?	Program Rules indicate that the reassessments must be done annually. See Item 142 for specifics about timeline expectations.
144	Healthcare Solutions	24	L.3	Is it the intent of OAAS that annual reassessments not be completed earlier than 350 days of the last assessment?	See Item 142.

145	KEPRO		II.B.19	The differentiation of telephone and face-to-face interactions is not clear to me - is the telephone used to query potential clients as to the appropriate choice of services and the face-to-face interview used to determine admission and continued stay in a program?	The LOCET is conducted by phone for all persons requesting home and community based services. Clients requesting LT PCS and who have (preliminarily) met level of care criteria via the LOCET are then afforded an in-home, face to face MDS-HC assessment. This in-home face to face MDS-HC is also completed on annual reassessment.
146	KEPRO		II.B.19	Are all LOC evaluations done via telephone?	See Item 145.
147	KEPRO	21	II.B.14	Implies that only the Personal Care programs require face-to-face assessments - is this correct?	See Item 145.
148	Independent Living Systems			What are the projections for face-to-face vs. telephonic assessments?	See Item 145. Estimates are provided on RFP page 48. Also see addendum # 5 for Corrected Activity Levels.
149	Independent Living Systems		1.1	The proposal speaks to initial LOCET assessment completion by phone for several programs, but refers to "subsequently completed MDS face-to-face will 'supercede LOCET' determination." Who performs the MDS?	The MDS-HC is completed by the successful proposer's employee who has been MDS-HC certified by OAAS. Also see Item 145.
150	ACS		General Question	For those situations in which a LOCET determination will be completed in real time at the 1st or 2nd Pathway and the subsequent MDS visit does not trigger Pathways 1, 2, or 6, how does the successful contractor further explore Level of Care if the LOCET Pathways 3, 4 or 5 were never addressed?	See the Level of Care Eligibility Chapter found at the following URL: http://www.dhh.louisiana.gov/publications.asp?ID=105&Detail=2441&Arch=2009 and review the flow chart on page 29. In the scenario described by the questioner, if PW 3, 4 or 5 did not trigger on the client's latest LOCET Level of Care is not met.
151	ACS		General Question	For the Annual Reassessments, if the MDS-HC does not trigger Pathway 1, 2, or 6, there is no 0 or 8 for a late loss ADL; the client is not eligible for consideration under Pathway 7 and the items in MDS-HC section J, N or P match the table in section 8.2, would the SMS be used to support the LOCET that is older than 12 months?	See the Level of Care Eligibility Chapter found at the following URL: http://www.dhh.louisiana.gov/publications.asp?ID=105&Detail=2441&Arch=2009 Per the flow chart on page 31 of this document, no.
152	KEPRO		II.B.16	Do the periodic (annual/change) reassessments need to be performed face-to-face, or can they be performed telephonically?	Any reassessment (change or annual) that involves an MDS HC must be performed face to face.
153	KEPRO			Is there ever an instance when LOC eval is done in Person?	See Item 152.
154	KEPRO			Under what circumstances is LOC done in person?	See Item 152.
155	KEPRO			Please clarify which programs require face-to-face assessments and at what intervals.	For this SOW, the LT-PCS program requires face-to-face assessments at entry into service and annually. See also Items 142, 143, & 152.

156	Maximus		General	Are face-to-face assessments conducted for all clients determined HCBS eligible through the LOCET assessment including individuals placed on a waiting list or just those clients that have cleared the waiting list?	Face to face assessments are performed just prior to the receipt of services for all OAAS eligibles. The contracted agency is responsible for the face to face MDS-HC assessment for those clients who request non-waiver LT PCS services only.
157	Healthcare Solutions	13	17	Is LOCET completion defined as: When the SMS is returned and approved if they pass in pathways 3, 4 or 5 only?	In this case, "LOCET completion" should be interpreted as "the date the SMS was mailed to the recipient."
158	Healthcare Solutions	24	L.4	It seems appropriate that the date of receipt of "cerification" as opposed to "notification" be the requirement. Please confirm this is the OAAS intent.	See Item 157.
159	Maximus	14	II.B.19	When do the eligibility determination documents expire? Is the LTC-AS contractor responsible for storing the documents until they expire?	An approved Level of Care determination is valid for one year from the date in EE.2.a. of the LOCET (date LOCET begun). The electronic copy of the LOCET within the TeleSys system is sufficient for document maintenance. The contracted agency must maintain any hard copy documents for a period of 3 years.
160	Independent Living Systems			Do electronically completed versions of the LOCET (completed online by staff) meet the compliance criteria for LOCET Completion?	Yes.
161	Independent Living Systems		5.1	If initial LOCET is completed telephonically and the audit monitoring is on-site, there could be substantial differences in reporting. Results of assessments on frail elders can change from day to day.	The LOCET audit process will be determined during contract negotiation.
162	ACS		12	Face-to-face OAAS audit interviews may not involve the person who completed the telephone LOCET—therefore, the audit outcome may vary from the initial LOCET. We suggest OAAS consider utilizing historical LOCET recordings for QA audits? Please confirm your agreement with this suggestion.	See Item 161.
163	Maximus	30	III.G.4.e	During conducting face-to-face assessments in the event fraud or abuse is detected what is the mechanism for the contractor reported the incident to the department?	Contact the Medicaid Fraud hotline at toll free (800) 488-2917 and/or the Adult Protective Services Hotline at (800) 898-4910 or (225) 342-9057.
164	Independent Living Systems	16	29	What are the guidelines for determining a "change" in condition requiring reassessment and who is responsible for determining?	A subsequent MDS-HC assessment may be conducted within a shorter time frame than annually if the client has had changes in condition, supports or residence environment. The contractor is responsible for making this determination.
165	KEPRO		II.B.16	How is change determination made?	Change determinations are made by conducting a face to face assessment (MDS-HC). The results of that assessment will be reviewed by the contractor according to our policy provided.

166	KEPRO	29	II.B.16	Is the annual/change review done for clients in all program?	Yes.
167	EDS	15	Section II. B. 24	How does the contractor determine when a participant's needs change? Is this the change-in-condition reassessment identified in Task #29, page 16?	The client is responsible for reporting changes to the contracted agency.
168	APS Healthcare			Regarding "change-of-condition reassessments," who is responsible for notification/identification if the change in condition? Confirm that the ten day deadline (for payment at the standard amount) begins when the LTC-AS contractor receives notification from such entities.	The LT-PCS recipient is responsible for notifying the contracted agency of any condition / situation which may result in a "Change Reassessment." The 10-day deadline does begin when the contractor is notified by the recipient.
169	EDS			Please clarify if the referral agency that provides LT-PCS is required to contact the LTC-AS contractor to initiate the additional visit to update the plan of care. Does OAAS require any additional ongoing patient contact and case management for an unspecified time frame by the LA-PCS contractor that is not explicitly identified in this scope of work?	Not currently.
170	EDS	14	Section II. B. 21	What is the average administration time for completing a face-to-face MDS-HC? Will the patient's plan of care require hospital, DSS, or additional unknown supporting documentation besides the MDS-HC?	An MDS-HC assessment can take from 1 to 1.5 hours to complete. The client's plan of care will usually not require contact with or documentation from hospitals or other additional entities. In rare instances (no more than 0.8% of total LOCETs performed) medical documentation may be required in the case of persons who trigger only pathways 3, 4 and / or 5.
171	LHCR	0	LHCR	Regarding assessments for personal care services: Can the state define or estimate the amount of time currently involved in completing an in home assessment?	See Item 170.
172	CHCS			What is the average length of time to complete the face-to-face assessment?	See Item 170.
173	Healthcare Solutions	32	III,G4.h cost & pricing analysis	In order to accurately estimate the cost of effort for completing an in-home assessment, will OAAS please provide the current amount of time it takes to complete items 6, 7, and 8?	See Item 170. Additionally, the assessor will spend 1.5 hours in plan of care development.
174	Independent Living Systems			Please provide data on the average time for administration of the LOCET and MDS-HC instruments based on work currently being done in Louisiana. Additionally, in-home assessments being done using the MDS-HC for the LT-PCS program are being administered by staff of what entity?	See Item 170 for information on expected time allotments for MDS-HC. The LOCET interview should take 30 to 45 minutes telephonically. The current work is done by Affiliated Computer Services, Inc.

175	Public Consulting Group	10	B	Is data available on the average length of an I & R call, the average length of time to complete the LOCET, and the average length of time to conduct the face-to-face assessment for Personal Care programs using the MDS-HC instrument and process?	For the LOCET, See Item 174. For the MDSHC, See Item 170. Stats on length of time required for I & R is not available.
176	Arbitrie			What is the average length of a phone call (this is to determine how many information and intake operators would need to be hired)? Do provider changes apply only to LT-PCS? What is involved?	See Item 170. An LT-PCS recipient may change providers without good cause once after every 3 months of service. An LT-PCS recipient may request to change providers with good cause at any time during the service authorization period. A Waiver participant may change direct service providers once every services authorization quarter (3 months). The only exception is "good cause" and is determined by the OAAS regional manager.
177	APS Healthcare				
178	Independent Living Systems	21	E.1.	Please provide additional information about expectations for the quarterly client visits. Will it require administration of a standardized tool?	Page 30 (d) Possible Additional Tasks (1) describes the client monitoring . The contractor should propose how they intend to implement this. OAAS does not have a standardized tool.
179	APS Healthcare	9	II.A.9	Mentions "effective, person-centered Long Term-Personal Services client monitoring." What level of ongoing client monitoring is expected to be performed by the LTC-AS contractor?	Page 30 (d) Possible Additional Tasks (1) describes the client monitoring . The contractor should propose how they intend to implement this. OAAS does not have a standardized tool.

Processes -- The Plan of Care RFP

Item #	Submitter	Page	RFP Section	Question	Answer
180	Healthcare Solutions	16	27	Is it a requirement that during the face-to-face in-home assessment the assessor provide a hardcopy plan of care?	Yes.
181	EDS	N/A	General	Is the development of a plan of care an administrative function where the provider follows a pre-established checklist according to state-determined policies and procedures, or does it require the exercise of judgment related to medical or health issues?	The development of the plan of care is carried out by the trained MDS-HC assessor and does require critical thinking skills related to information collected on the MDS-HC assessment.
182	Greystone			What roles do consumers perform in relation to their Plans of Care? For example, do consumers review services billed prior to authorization of payment? Do they view their Plans of Care, approve time cards and invoices, etc?	Consumers will participate in the care planning, select the provider from a Freedom of Choice list and sign the care plan.

183	Maximus	15-16	II.B.26	What are the regulations regarding cases when the client-chosen service provider agency is unavailable?	The client is given a Freedom of Choice list to inform them of all the agencies available. If their first choice is not available the contractor should inform the client and request their next agency of choice.
184	Independent Living Systems			Role clarification--the RFP indicates that others perform assessments, i.e., Support coordinators vs. LTC-AS contractor staff performing in-home assessments. Is there a differentiation between staff performing assessments for LOC determination vs. other LTC-AS staff performing "comprehensive assessment services?"	The contracted agency will perform LOCETs for all HCBS requestors and also will perform in-home MDS-HC assessments for non-waiver LT-PCS recipients.
185	LHCR	0	LHCR	It appears as if the LTC-AS contractor is only responsible for conducting LOCET reviews and making referrals to the registry contractor for individuals enrolling in a waiver. Please confirm that this is the case and that the LTC-AS is not responsible for conducting comprehensive assessments, support plan development or linkage to service providers for the waivers. Also, is the LTC-AS contractor responsible for annual re-determinations using the LOCET?	See Item 184. Additionally, the contracted agency will be responsible for conducting change and annual reassessments using the MDS-HC.
186	EDS	N/A	General	Please confirm that the contractor, through use of the MDS-HC, will assess a client's health condition to establish eligibility and develop a plan that ensures the health and safety of that client.	Yes.
187	ACS		14	If provisional assessments are eliminated, how would the successful contractor address sections P1 & O1 in the MDS-HC, and how would the successful contractor address these in the plan of care?	Item O1 of MDS-HC addresses Environmental issues that may be present in the home at the time of the assessment. If a person is in a nursing facility at the time of the MDS-HC assessment, a note is entered in the notebook of MDS-HC indicating that this is the case, and Section O1 is left blank. Section P1 addresses service utilization (in last 7 days). All applicable areas should be completed at the time of the MDS-HC (e.g., occupational therapy, speech therapy, etc.).
188	ACS		General Question	Are the in-home assessors required to make a preliminary Level of Care and Program Requirements determination prior to QA review?	Yes.

Processes -- Hourly Allocation of Services

Item #	Submitter	RFP Page	RFP Section	Question	Answer
189	Healthcare Solutions	14	21	Has OAAS considered the potential for tension and conflict during the face-to-face in-home assessment when the eligible/personal representative/provider disagrees on the number of hours of care allocated?	The Contractor is to take all necessary precautions for its employees' safety.

190	Healthcare Solutions	14	21	This will become evident while drafting the plan of care utilizing the Person Centered Planning. That is, based on research using the current procedure, the eligible does not become aware of the approved number of hours until after the in-home assessment.	See Item 189.
191	APS Healthcare	4	I.A	Indicates LT-PCS "services are limited to an hourly amount per week specified by OAAS." How specifically are these limitations determined?	See Item 217.
192	ACS		General Question	The RFP is silent to SHARE. Will SHARE have an impact on this RFP?	No, SHARE is the new Resource Utilization Methodology designed to approve weekly hours to be provided. The overall process will not change.

Processes -- Electronic Forms
RFP

Item #	Submitter	Page	RFP Section	Question	Answer
193	Independent Living Systems			The LOCET tool consists of a series of forms completed by LOCET analysts. What is the Department's expectations of vendor automation of these forms and integration into its electronic work?	The LOCET is one form which is totally electronic in its present state. Additionally, the SMS may need to be obtained in some cases. There are no plans at this time to make the SMS an automated form.
194	Greystone			Does Louisiana support/allow the use of an electronic signature? If so what are the State requirements?	Not currently.
195	LHCR	16		Regarding #29 on page 16, should the contractor also anticipate giving the LOCET in addition to the MDS-HC as part of reassessments? Will the LTC-AS contractor be responsible for giving the MDS-HC to waiver and PACE clients?	No.
196	APS Healthcare	16	II.B.26	Requires the LTC-AS contractor to "enter provider agency conformation information into the client file." Is this a reference only to the Agreement to Provider Services for LT-PCS or is other specific information is required for confirmation?	This refers to recording in the TeleSys system a note reflecting the result of the phone call to the provider which is made at the time the Plan of Care is discussed with the client.
197	APS Healthcare			Where exactly must such confirmation information be maintained?	The assessor will make an entry in the electronic notebook of the Plan of Care.
198	Greystone			Do the waiver applications provide detailed information regarding the construction of the person-centered Plan of Care, particularly in regards to the reference to an "Electronic Plan of Care" on page 17? If not, could you provide alternative documentation of what is expected or desired?	Assessors are provided training regarding person centered planning and development of the plan of care.
199	Greystone			Could the State share the instruction manual for the electronic Plan of Care as this would assist us in understanding the business process that would be supported/integrated?	The electronic plan of care is still in the development stage.

200 Greystone

Can the State provide a data dictionary which includes all current data contained in the Plan of Care or an electronic example of the current Plan of Care?

A sample Plan of Care can be found at <http://www.dhh.louisiana.gov/offices/publications.asp?ID=105&Detail=2586>. However an electronic version is being developed at this time, and will have some, but not all of the fields as the current Plan of care.

Processes -- Denials

Item #	Submitter	RFP Page	RFP Section	Question	Answer
201	Maximus	13	II.B.13	Do denial determinations require a second review (peer or higher level) prior to issuing a denial letter? Is there ever a need for a review by an MD or other authority for a denial?	The assessors receive sufficient training and written guidelines to allow them to determine the outcome of level of care determinations. OAAS personnel and the medical director of DHH are also available for further review of troublesome cases.
202	KEPRO	13	II.B. 13	How is a denial determination made?	See Item 201.
203	KEPRO		II.B. 13	By what level of professional is a denial determination made?	See Item 201.
204	KEPRO		II.B. 13	There's no mention of a medical director or any physician oversight	See Item 201.

Processes -- Appeals

Item #	Submitter	RFP Page	RFP Section	Question	Answer
205	APS Healthcare			Are appeals right also required to be provided to clients choosing LT-PCS after completion of the in-home assessment/ and plan of care?	Appeal rights are given to clients only when there is a reduction in service hours or in denials.
206	Healthcare Solutions	13	15	In what denial situations would appeal rights not be applicable?	See Item 205.
207	APS Healthcare	13	II.B.13	Requires the LTC-AS contractor to "send denial notice and appeal rights to applicant as appropriate." Is the required notice provided only after completion of the LOCET (including Statement of Medical Status completion if needed for Pathway 3, 4, or 5) determines an applicant is not eligible? Are appeals right also required to be provided to clients choosing LT-PCS after completion of the in-home assessment/ and plan of care?	See Item 205.
208	KEPRO	14	II.C.20	What specific role will the contractor play in formal appeals?	The contractor will readily provide any information needed for the summary of evidence preparation and participate in the hearing when needed.

209	Maximus	20	II.C.14	The contractor is required to provide testimony at the appeal hearing at no cost to the Department if requested. Please provide an annual count of appeal hearings the current contractor was required to provide testimony at in 2007 and 2008? What was the average length of testimony? At what locations were the appeals held?	There were 228 hearings in 2007, 169 in 2008, 70 in 2009 as of May 11. The average length of the hearings is 45 minutes and they are conducted by speaker phone where the contractor participates from their office. Very rarely (one in 2008), the hearings are conducted in person at the Bureau of Appeals office in Baton Rouge. All of these hearings required participation by the current contractor for LTC-AS services.
210	KEPRO			What agency will be conducting the hearing process?	OAAS receives the appeal notice from Bureau of Appeals. OAAS will contact the contractor and will conduct the hearing. The contractor and the other parties participate by phone conference.
211	KEPRO			Which professional staff will be required attending?	The assessor who performed the assessment and a supervisor.
212	KEPRO			What is the average time spent in a hearing?	See Item 209.
213	KEPRO			If attendance at hearings is required, will the contractor be able to attend via telephone?	See Item 209.
214	ACS	20		This requirement states the successful contractor will provide a system of informal reconsideration. Does this include informal reconsideration of a LOCET outcome?	Yes
215	Maximus	20	II.C.13	Does this reconsideration process (supervisor review) include denials?	Yes.
216	Maximus	20	II.C.13	What is the projected volume of grievances? (This is referring to informal recons. Answer should indicate possible number of appeals)	The projected number of appeals for LTC-AS services is approximately 672 for 2009. This is due to recent implementation of new policy which may temporarily increase the number of appeals. No.t all of these will end in a hearing, some are resolved prior to that.
217	Maximus	4	A. Background, Long Term & Personal Care Services (LT-PCS) Program	The RFP states that "the LTC-AS contractor staff will perform an in-home assessment of the client and develop a plan of care and authorize services. Services are limited to an hourly amount per week specified by OAAS." Please confirm that the LTC-AC contractor staff will identify the amount of hourly services to be provided pursuant to the plan of care	The contracted agency will identify the number of service hours which the plan of care will use. This number is based upon the results of the MDS-HC assessment and the client's informal support network.

218 Greystone	Regarding the Plan of Care, what information (detail and summary) is included in individual budgets? In program level summary budget reports?	The POC can be viewed at this location: http://www.dhh.louisiana.gov/offices/publications/pubs-105/OAAS%20CPOC-3-19-09%20Working%20Draft%20-%20PDF%20Fillable%20Format.pdf The budget page is page 24 of 25 in this document.
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Training

Item #	Submitter	RFP Page	RFP Section	Question	Answer
219	LHCR	12	LHCR	Task 12. Approximately how frequently is training in use and completion of the LOCET offered? How long is the training?	LOCET Training is provided once a month and is a one day training, from 8:00 a.m. to 1:00 p.m.
220	KEPRO		II.B.19	What are the specific requirements and projected time to become LOCET and MDS-HC certified?	MDS-HC participants complete a one day, training, and must successfully pass a post training classroom test to become certified as MDS-HC assessors. For LOCET Training, see Item 219.
221	Maximus	12	II.B.12	Can the Department please more fully describe the certification/length of training required for LOCET certification for staff? Does the LTC-AS contractor have any responsibility for the training other than ensuring that 100% of telephone counselors successfully complete the training?	See Item 219. The LTC-AS contractor would have a responsibility to assure ongoing quality of LOCETs, including accuracy and timely completion.
222	Maximus		General	Confirm that LOCET training is provided by the Department and that the only cost incurred by the contractor for this training will be the salary cost. How many hours of training are required for LOCET certification?	There is no cost for this training. It is given in person at DHH Headquarters in Baton Rouge, 628 N 4th St. See Item 219.
223	Public Consulting Group	12	B (12.)	Is there a cost associated with staff becoming LOCET-certified besides the cost of their time? Is the required training available on-line or some other means of remote access?	See Item 222.
224	Maximus	9	II.A.	Is there a cost associated with training and LOCET / MDS-HC certification of contractor staff as conducted by OAAS? If so, what is the cost and should the contractor include this in the bid price?	No., OAAS does not charge the contractor for the LOCET/MDS-HC certification conducted by OAAS.
225	APS Healthcare	9	II.A.9	Requires the LTC-AS contractor to "utilize trained and certified staff to conduct comprehensive assessments." What frequency is training offered?	Currently, MDS-HC Certification training is conducted once a month.
226	APS Healthcare			What is the duration of training?	See Items 219 and 220.

227	APS Healthcare			Are there any cost to LTC-AS contractor associated with this traing?	See Item 222.
228	Maximus	17	II. Scope of Work, C. Management of the Long Term Care Access System 1	Will OAAS provide training on state systems? If so, please describe the training plan (train the trainer, initial training only, or initial and ongoing training)	Initial and ongoing training as needed.

Complaints

Item #	Submitter	RFP Page	RFP Section	Question	Answer
229	Maximus	20	II.C.15	The contractor is required to resolve client complaints about LT-PCS program service delivery and service providers. How many client complaints about LT-PCS services are received on an annual basis? On average, how long does it take to resolve client LT-PCS complaints? What is the final disposition of most of these complaints?	This question was referred to the current contractor. For calendar year 2008, there were 100 complaints. We do not have an average for the length of time it takes to resolve complaints. Generally disposition involves the client changing providers, workers, or coming to an agreement with the provider/worker.
230	Maximus	20	II.C.15.a	Client complaints concerning alleged neglect, abuse, exploitation, injuries of unknown origin and/or misappropriation of funds- does this include only self-reports by clients, or does it also include observations by in-home clinical assessors?	II.C.15.a does include in-home clinical assessors. Assessors are mandated reporters of suspected adult or elderly abuse or neglect by state law.
231	APS Healthcare	20	II.C.15.c	Indicates the "contractor will work directly with the provider agency and the client to resolve complaints about the provider." What authority does the LTC-AS contractor have to ensure the provider's cooperation in resolution of complaints?	The contractor is expected to have experience in resolving complaints. If resolution is not possible the contractor will refer complaints to OAAS.

Medicaid Eligibility

Item #	Submitter	RFP Page	RFP Section	Question	Answer
232	KEPRO		II.B.13	Also, what about people who are applying for MA? In Maryland, we evaluate people who are not yet MA eligible as medical eligibility and financial eligibility are used to determine total MA eligibility.	Financial eligibility for Medicaid is determined by the local Medicaid office-not the contractor.

233	KEPRO	1	II.B.13	Does this mean the person is not evaluated if they do not have a valid MA number?	Without an MA number the client may be evaluated for Level of Care through a telephone LOCET. No. inhome assessments are done on clients that lack an MA number.
234	Independent Living Systems			Is direct transfer of clients to Parish Medicaid Offices the preferred method? How will the Parish Medicaid Offices be encouraged to work with the LTC-AS contractor?	It is expected that the contractor representative will provide helpful basic information relative to financial eligibility prior to the caller being transferred for specific eligibility requirements. The contractor should establish a cooperative relationship with the Parish Medicaid offices to facilitate a collaborative working relationship.
235	LHCR	0		Should the contractor be conducting level of care assessments for individuals for whom Medicaid financial eligibility has not been established or wait until this process has been completed? If the contractor should wait, will the state exempt these cases	See Item 233.
236	Maximus	13	II.B.16	It appears that Medicaid eligibility is checked after administering the LOCET and determining of functional eligibility. If the caller\client is not currently eligible and enrolled in Medicaid, how long does it take to be determined eligible. And, if the caller\client is clearly not Medicaid eligible based on income does the LTC-AS contractor provide referrals to services that can be purchased?	For state fiscal year, SFY 2008-09, the statewide average for processing financial applications for 1) long term care nursing homes is 26 days and 2) for home and community based services is 43 days. Clients often have Medicaid eligibility before applying for long term care. Contractor will have no role in determining financial eligibility. All clients should also be referred to non-Medicaid services.
237	Maximus		General	Please elaborate on the process of activities: Are the LOCET and \ or the MDS-HC administered to individuals who are not yet determined for Medicaid? If referral to the local office for eligibility determination is necessary, how long does this take?	LOCET is done prior to Medicaid eligibility. MDS HC is done after Medicaid eligibility. Medicaid eligibility determination takes up to 90 days.
238	LHCR	0		What would the role of the contractor be in Medicaid financial eligibility determinations? For example, which of the following roles would the contractor be responsible for: a. Identifying and verifying who is Medicaid eligible; b. Making referrals for a Medicaid eligibility determination for people who are not currently eligible; c. Helping clients fill out forms and gather documentation; d. Tracking progress towards the financial eligibility determination and troubleshooting problems; e. Other roles.	See Items 232 and 234.

Languages & Written Materials

RFP

Item #	Submitter	Page	RFP Section	Question	Answer
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239	APS Healthcare	19	II.C.10	Requires the LTC-AS contractor to "provide written program information in accessible and multi-lingual formats" What languages are required?	English, Spanish, Vietnamese
240	Maximus	19	II.C.10	In which languages must the LTC-AS contractor provide the program information?	See Item 239.
241	Healthcare Solutions	19	10	What are the languages that OAAS would like the program materials translated into and what are the anticipated volumes?	Spanish 500 flyers annually. Vietnamese 200 flyers annually.
242	Public Consulting Group	19	C (10)	In how many languages does written program information needed to be provided?	See Item 239.
243	Maximus	19	II.C.10	What are the languages that program materials must be provided in?	English, Spanish, and Vietnamese
244	Independent Living Systems	19	10	What are the guidelines for determining the multi-lingual formats that will be required (i.e. 5% threshold of population). language implies contractor is developing materials (see # 5 above).	English, Spanish, Vietnamese at onset, 5% threshold thereafter for other languages
245	Maximus	19	II.C.12	Does OAAS have staffing ratios requirements for multi-lingual staff?	No, but multilingual staff must be sufficient to serve clients.
246	Maximus	19	II.C.12.b	Has OAAS had requests for sign language interpreters for in-home-assessments? How often does this occur?	The current contractor has had only 2 instances in the last 5 years of having to provide an interpreter for sign language.
247	Independent Living Systems	12	10	Please clarify if the cost of developing and printing written information to be mailed to clients/families for OAAS and non-OAAS programs is the responsibility of the LTC-AS contractor?	Copies of information may be changed after the awarding of the contract and are in the process of change at this time. The volume of outgoing mail is approximately 3-6 times the number of applicants. The contractor may be required to develop written materials if existing materials are not available. The contractor will be responsible for paying for printed material. All materials must be approved by OAAS. Volume estimates are available on pages 47 and 48. Also see addendum # 5 re: Corrected Activity Level.
248	Maximus	12	11.B.10	What are the OAAS program rules and requirements that apply to the provision of written materials?	See Item 247.
249	Public Consulting Group	12	B (10.)	Is the contractor expected to develop written materials or simply use already existing printed materials? Is the contractor responsible for paying for the printing materials?	See Item 247.
250		10	B3	Will OAAS provide the appropriate successful contractor scripts to use in explaining all available programs?	Yes. Fact Sheets are available on the website from which contractors should be able to develop a script.

251	Maximus	9	II.A	Please provide actual copies of information to be sent out or information about the number of pieces, weight, size and so on. What is the volume of out going mail?	See Item 247.
252	KEPRO	5	II.A.9	Please describe what educational tools will be needed for the consumer to make informed choices and the volume of mail that may be required?	Fact sheets relative to each OAAS program are mailed to clients upon their request. Volume estimates are available on pages 47 and 48 of the RFP.
253	Maximus	13	II.B.13	What is the timeframe for forwarding the choice form to the data management contractor? And, who is the data management contractor?	The information from the choice form is forwarded to the data management contractor electronically within 2 business days. The current data management contractor is Statistical Resources, Inc. (SRI).
254	LHCR	12	LHCR	Task 10. Regarding the written information the contractor will issue to individuals and families, are all materials already available through the OAAS, or is it expected that the contractor will develop the materials for OAAS' approval?	OAAS will have some materials already developed. All material developed will require approval from OAAS.
255	Public Consulting Group	6	I. (B)	What is the schedule for making the pilot project in Region 2 operational and what type of coordination between the LTC-AS contractor and Region 2 is expected?	Region 2 SPOE is operational. Calls received at the LTC-AS that are related to region 2 should be transferred to SPOE-CAAA.
256	Healthcare Solutions	12	10	Is the successful contractor required to send OAAS & Non-OAAS program information if they do not want the information?	If a caller or client requests to NOT receive information, their wishes should be respected.
257	Healthcare Solutions	13	13	Is the program acceptance form now replacing the choice form?	No. However be aware that forms can change based on federal and state requirements.
258	Healthcare Solutions	13	13	Why must the successful contractor obtain the choice form when the Capitol Area Agency on Aging is not required to obtain and forward choice forms to the data management contractor?	Not relevant to this proposal.
259	Healthcare Solutions	13	14	Is this the only follow-up required for SMS form and will OAAS provide the successful contractor with the appropriate reminder letter?	There is only one reminder letter.
260	Healthcare Solutions	13	13 & 17	For persons who are only requesting non-Waiver LT-PCS coverage, what notice will the contractor need to send to the applicant to verify that they have passed LOCET?	The applicant will be sent a letter of Preliminary Approval upon passage of the LOCET.
261	Maximus	13	II.B.14	Is the reminder notice generated by OAAS or LTC-AS contractor?	LTC- AS contractor
262	Maximus	13	II.B.15	Is the denial notice generated by OAAS or LTC-AS contractor?	The contracted agency.

263	Maximus	13	II.B.17	What is included in the Approval Packet? Which items in the packet are produced by the LTC-AS contractor? Or, by OAAS?	For purposes of LT-PCS, the Approval Packet consists of a Plan of Care and an approval notice indicating the certification period and the number of weekly hours approved. For purposes of registry placement, the approval packet consists of a Choice Confirmation Letter verifying the person's choice of waiver services and his/her registry date.
264	Healthcare Solutions	19	10	Will OAAS provide the successful contractor information on what is meant by "culturally appropriate and sensitive"	The term is widely used and self-explanatory.
265	Maximus	19	II.C.10	What accessible formats does OAAS require?	Accessible information would be in written format, with the contractor also making allowance for large print and, if needed, braille.
266	EDS	12, 14	Section II. B.10 and 21	Who is responsible for costs, compilation, and distribution of printed materials described as "written information" and "Freedom of Choice?"	The contractor.
267	Maximus	19	II.C.10	Does OAAS have a minimum reading level standard?	Yes, 6th grade for all printed material.
268	EDS			Please specify what materials are currently mailed to individuals and families.	Example of materials are letters, memoranda, and Freedom of Choice lists.
269	Maximus	12	11.B.10	Please describe the types of written materials that the LTC-AS contractor is required to provide for those seeking long term care services.	See Item 268.

Current Statement of Work**RFP**

Item #	Submitter	Page	RFP Section	Question	Answer
270	Maximus	10/17	II.B.1 & II.B.30	For each of the service tasks the department has provided performance measures to be achieved by the contractor. Can the department provide the performance levels the current contractor is delivering for each of the 30 performance measures and the volume of work for each for the past 2 years?	There is a current contract with ACS who performs multiple services for multiple Medicaid programs, and whose SOW is not the same as this RFP. Their work volumes are not relevant to this RFP.
271	Public Consulting Group			How are information and referral, client eligibility screening, comprehensive assessment services and service planning currently being handled and by whom?	DHH has a current contract with ACS to provide these services to multiple Medicaid programs.
272	KEPRO		General	Is the Scope of Work (SOW) currently being performed by a Contractor?	DHH has a current contract with ACS to provide these services to multiple Medicaid programs.
273	KEPRO		General	If so, who?	DHH has a current contract with ACS to provide these services to multiple Medicaid programs.
274	KEPRO		General	If, not, (if there is no incumbent) was the proposed SOW being addressed internally?	No., the SOW was not being addressed internally.

275	Maximus	II. Scope of Work, D. Implementation Plan		Please provide the staffing organizational chart for the current project and the current performance levels.	There is no current contract for these services and performance measures specifically. There is a current contract with ACS who performs multiple services for multiple Medicaid programs. This contract will be available for review.
276	KEPRO	General		Can the Department of Health and Hospitals (DHH) provide the contract term and value?	DHH currently has a contract with ACS that provides these services to multiple medicaid program participants. The cost for provision only of the services required under this RFP is not available. The term of the contract is 3 years.
277	Maximus	General		What is the current vendor's contract value by year and activity? And, please present this only for the LTC activities addressed in this RFP?	DHH currently has a contract with ACS that provides these services to multiple medicaid program participants. The cost for provision only of the services required under this RFP is not available. The term of the contract is 3 years.
278	KEPRO	General		Are there any major differences in the current SOW and this RFP?	There is no current contract for these services and performance measures specifically. There is a current contract with ACS who performs multiple services for multiple Medicaid programs.
279	LHCR	0	LHCR	Does the Office of Aging & Adult Services currently have a contractor that is conducting LOCET and in home MDS-HC assessments for long term care services? If so, who is the current contractor, and when was the first procurement awarded?	DHH currently has a contract with ACS that provides these services to multiple medicaid program participants. Their first procurement was 7/1/04.
280	FedSource			I am wondering if this solicitation is related to the contract currently held by ACS for a broad range of management services for the CommunityCare, KIDMED, Community Supports and Services, LT PCS, and Personal Assistant Services Programs? In other words, are they the incumbent vendor for the services solicited in the new RFP?	DHH has a current contract with ACS to provide these services to mutple Medicaid programs.
281	FedSource			Who is the incumbent vendor associated with this program (if any)?	Please note that ACS provides services across an array of Medicaid programs, including LTC. There is no incubent providing these specific services only.

"No Show" Estimates

Item #	Submitter	RFP Page	RFP Section	Question	Answer
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282	Healthcare Solutions	33	III, G.4.h cost & pricing analysis	Do the OAAS estimates for the number of face to face client assessments include no shows? What is the current rate for "no shows" for each of the following: initial, interim, and annual assessments?	No.. It does not include no shows. ACS estimates that roughly 21% of appointments are not kept by clients.
283	ACS		General Question	What percentage of the scheduled annual, initial, and status change in-home assessments were not able to be completed because the applicant did not keep the appointment?	See Item 282.

Information Technology RFP

Item #	Submitter	Page	RFP Section	Question	Answer
284	Maximus	17	II.C.1	Please describe the access that LTC-AS contractor systems and/or staff have to the state systems.	Read only or role-based direct access to all appropriate systems.
285	APS Healthcare	17	II.C	Management of the Long Term Care Access System, (page 17) indicates the LTC-AS contractor will be required to "utilize the following software and databases; Electronic Medical eligibility Verification System (EMEVS); Telesys for LOC and MDS-HC; EPOC; access related to items in the PES; Various Interfaces (data exchanges); Statewide LTC services and supports resource database." For each, please describe the system currently in use, who owns/operates the system, and any costs to the LTC-AS contractor for the use of such systems. Specifically in regard to the required system interfaces, can OAAS provide file layout, frequency of exchange, and mode of transmission?	See Item 284. OAAS will provide file layout and specify the frequency of data exchange post-award.
286	LHCR	0	LHCR	Will the vendor have ability to receive an eligibility feed from the MMIS instead of using the EMEVS?	No, this is not anticipated.
287	Public Consulting Group	13	B (16.)	How will access to Medicaid eligibility data be made available?	Via an Electronic Medical eligibiity verification system (eMEVS)
288	APS Healthcare	16	II.B.16	This section indicates the LTC-AS contractor should "Check Medicaid eligibility through the on-line Electronic Medical eligibility Verification System (EMEVS) or other system as specified by OAAS." What "other" systems are available/acceptable?	Proposers should assume that EMEVS will be used.

289	APS Healthcare			Who operates EMEVS? Is there a cost to LTC-AS contractor for usage?	EMEVS is operated by Unisys. The provider/submitter/receiver will be billed a fee of \$50.00 per batch of discrete eligibility verification requests (records) as long as the batch file does not exceed 500 discrete eligibility requests. Batch files that exceed 500 discrete eligibility requests, the provider will be billed the \$50.00 and then \$0.15 per recipient eligibility request for those exceeding 500. Unisys will generate invoices monthly to the provider/submitter/receiver. Please note that an RFP for the Medicaid Fiscal Intermediary should be issued in 2010.
290	KEPRO			What type of access will the vendor have?	See Item 284.
291	APS Healthcare	9	II.A.	References "integration of existing Medicaid applications." What level of systems integration is expected to be implemented by the LTC-AS contractor?	See Item 284.
292	KEPRO	17	II.C. 1a-f subsection	Please clarify who owns these systems.	The department owns Items listed in C.1.a - C.1.e (page 17). It is the responsibility of the LTC-AS contractor to access / obtain or develop the resource database described in Item C.1.f (page 17).
293	KEPRO			What is the capability of the vendor to extract data from these systems for reporting purposes?	The vendor may develop extraction processes for C.1.b and C.1.c only (page 17).
294	APS Healthcare	21	II.F.	States the "LTC-AS contractor use several existing applications and data systems owned by OAAS or its contractors." Please indicate who owns each system, and any cost to the LTC-AS contractor for use of such systems.	See Item 292.
295	APS Healthcare			Would it be possible for OAAS to provide a demonstration(s) of the systems be conducted?	No.
296	KEPRO		II.F.21	What is the total number of OAAS users (technical and non-technical) that would utilize reporting, quality indicators, or performance measurement information?	There would be a minimum of 5 persons from OAAS who would require access to these reports.
297	Healthcare Solutions	32	III,G4.h cost & pricing analysis	Does the OAAS track system downtime? If so, will the OAAS please provide the current average OAAS system downtime per day, week, or month? This information will have an affect on a bidder's cost estimates.	Yes. Currently the average downtime during regular business hours is 2 hours per month.

298	ACS	14		Internet connectivity from recipients home is not possible in all parts of the state, as those areas do not have broadband internet connectivity. Would OAAS allow the successful contractor to deviate from this requirement in those instances?	In areas where it is determined that broadband access is not available the contractor may complete the documentation manually then input the data into the electronic database.
299	ACS		General Question	How frequently is the Telesys System down?	See Item 297.
300	ACS		General Question	Is there a limitation of simultaneous users in the Telesys system?	No.
301	LHCR	0	LHCR	How is the TeleSys system accessed by the vendor?	This application is accessed by using Citrix software
302	ArbITrie			Is the Locet web based? If not, can the successful proposer convert it to web based?	No.
303	Public Consulting Group	9	II (A)	Is an electronic interface anticipated between the LTC-AS contractor and the State LOCET system? If so, what are technical specifications of that interface?	See Item 301.
304	LHCR	0	LHCR	Can the vendor send updated beneficiary contact information to the MMIS electronically?	This information is desirable. A mechanism will be provided post-award for the exchange of data.
305	Greystone	3	HCBS-EDA registry	What are the data elements/structure/db language, etc.?	Normalized, relational, SQL databases with elements from Request for Services Registry Data Element Dictionary.
306	Public Consulting Group	14	B (18.)	What is the nature of the electronic interface for information sharing between the registry contractor and the LTC-AS contractor?	Data exchange are performed using SOA publication of data view and data consumers will download the view, perform any ETL needed.
307	Maximus	14	II.B.20	How is information transferred to the registry contractor? Who is the registry contractor?	Data exchange process via an OAAS Third Party Contractor. The current Registry Contractor is Strategic Resources, Inc.
308	Independent Living Systems			Vendors must "share updated information with the registry contractor as specified by OAAS" are these standardized enrollment transactions (x12 834), another proprietary transaction type or simple secure email notifications?	Standardized enrollment transactions.
309	Independent Living Systems			Vendors are required to "exchange data with the Medicaid fiscal agent registry contractor (Request for Services registry), financial management services agency, regional single entry point agencies (for transfer of clients) and others as required by OAAS." Is an itemization of data exchanged and data exchange formats available?	Yes, and this will be provided post-award.
310	EDS	17	Section II. C. 1	Do these interfaces allow for automation of data exchange without a manual process? For example, can we send extensible markup language (XML) from our system to the registry service or financial system?	All data exchange will be electronic. The contractor will not send info to any financial system.

311	APS Healthcare			Is a specific mode of transmission prescribed?	See Item 310.
312	Healthcare Solutions	27	B.	OAAS Standard Requirements for Information Technology Applications and Systems information is not available online at the specified location. Where can we locate this information?	http://www.dhh.louisiana.gov/offices/publications.asp?ID=105&Detail=2266
313	Arbitrie			Could you provide a list of existing applications and data-systems used by OAAS that the contractor is to use?	Yes. http://www.dhh.louisiana.gov/offices/publications.asp?ID=105&Detail=2266
314	Maximus	21	II. Scope of Work, technical reqmnt	What are the Department's requirements for back-up systems in the event of power failure or other natural disasters?	http://www.dhh.louisiana.gov/offices/publications.asp?ID=105&Detail=2266
315	APS Healthcare	29	III.G.4.14	Indicates that "Personal Health Information may not be transmitted by email." Is transmission through secure, encrypted applications acceptable?	Yes, per HIPAA guidelines
316	LHCR	0	LHCR	In support of effective integration with existing Medicaid applications, will the vendor have access to the back-end data store of LOCET and MDS-HC?	Yes.
317	Greystone	3	HCBS-EDA registry	Who can add/edit information to the registry or have read-only rights?	Only the registry contractor can edit registry data. Read only rights are given upon request.
318	Greystone	3	HCBS-EDA registry	Can you please describe how the registry is accessed; for example, through web services or other file transfer protocols?	Currently, the Registry information is accessed via the use of LAWRISS, which is a web based application that is maintained by the registry contractor.
319	EDS	9	Section II. A. 1	Please specify which interfaces are required for the current Medicaid system and identify the technologies supported by these interfaces.	Contractor will have 2 interfaces with the Medicaid System: 1. read-only access to EMEVS for Medicaid eligibility; 2. Transmission of information through electronic FTP or other to the registry contractor.
320	APS Healthcare	19	II.C.11	Section II.C.11. (page 19) addresses an internal quality assurance/improvement plan, which indicates the LTC-AS contractor "utilize the databases [previously listed] and other elements as needed." Given that there are specific "software and database systems" that the LTC-AS contract may/will be required (e.g. EMEVSS, telesys), can you provide additional detail? Would it be possible for OAAS to provide a demonstration(s) of the systems be conducted?	OAAS anticipated the QI plan will draw upon data from systems described in C.1 (p.17) in b-d as well as contractor's own tracking system. OAAS will not provide demos.
321	Arbitrie			Is there a computerized data tracking system established (or a general format) or does OAAS want the proposals to include a recommended system?	OAAS expects the successful bidder to develop a system.

322	Greystone			Does OAAS intend that the information system developed and implemented by the contractor for this RFP be utilized by the replacement SPOE provider agencies?	Any system developed under this contract will be owned by the department and will be utilized accordingly.
323	LHCR	17	LHCR	Page 17 Section C of the RFP indicates that the LTC-AS contractor shall provide management and administrative support utilizing the specified software and database systems as required by OAAS, specifically, 1(f) Statwide long term care services and supports resources database. Can the state identify or provide add'l information on this database such as: Where does it reside? Who currently maintains the database? What would be the vendor's access to this database? What is the State's expectation of the vendor regarding supplemental data entry and maintenance of this database?	It is expected that the contractor will develop or obtain access to a comprehensive service database applying the requirements described in addendum # 10. DHH maintains a list of licensed providers that are enrolled in Medicaid to provide home and community based services.
324	APS Healthcare	11	II.B.5	Requires the LTC-AS contractor to "secure (obtain or use existing) and maintain an up-to-date comprehensive database of long term care services and support resources." Can OASS describe and share the existing database used by the current contractor?	See Item 323.
325	Public Consulting Group	11	B (5.)	What existing statewide or regional comprehensive databases of long term care services and supports are already in existence? What relationship is envisioned between the database maintained by the LTC-AS contractor and the existing LA ADRC?	First question : None. Second question: Regarding ADRC informational database, like any user the contractor may access LouisianaAnswers.com via their website (ie. Read only access).
326	Maximus	11	II.B.4,5	Please describe any requirements for the tracking system and database.	It is the contractor's responsibility to develop or obtain access to an appropriate database and assure that it is updated.
327	LHCR	11	LHCR	Task 5. Is there an established process by which DHH will notify the contractor that the database of LTC Services and Resources has been updated? Approximately how frequently is it updated?	It is the contractor's responsibility to obtain this database and assure that it is updated.
328	Independent Living Systems	17	C.1.f.	Clarify what is meant by "This may need supplementing to assure completeness." How does the role of LTC-AS Contractor interest with the responsibilities of the Aging and Disability Resource Centers in regards to the resources database?	In instances where supports resources are known to the contractor they should be added to the resources database. The ADRC database is independent of the contractors resource database.
329	Healthcare Solutions	10	B3	Will OAAS supply a comprehensive list of specific agencies to make referrals by parish?	See Item 323.
330	Healthcare Solutions	22	F.	Will OAAS please indicate the number of individuals it expects will need access to the Database? The number is necessary for pricing licenses.	A minimum of 5 OAAS staff will need access to any tracking database used by the contractor.
331	KEPRO		I.B.5	Does the Agency currently maintain an up-to-date listing of providers and resources within the community? If so, does this list specifically outline the services covered by each provider?	See Item 323.

332	Arbitrie			Does OAAS have an accurate database to date for client demographics, renewal dates, etc.? If yes, can the successful proposer build a database link to the OAAS database?	It is anticipated that the successful bidder may have to establish a database. However, client assessment and demographics will be made available. Every effort will be made to automate data transfer. Second Question: Yes.
333	Healthcare Solutions	16	27	Please confirm the Plan of Care can be provided electronically to the appropriate entities?	Currently the LTC-AS provider places information on an FTP site listing all POCs which have been updated. The registry contractor retrieves this information from the FTP site, then accesses TeleSys to determine the units which need to be Prior Authorized.
334	APS Healthcare			What is the transmission medium to all of these parties?	See Item 333.
335	APS Healthcare	17	II.B.30	References the "issuance of Prior Authorization by registry contractor or Medicaid fiscal intermediary." How does the LTC-AS contractor's system, or systems used by the LTC-AS contractor (e.g. telesys), interface with the registry contractor or Medicaid fiscal intermediary for purposes of prior authorization?	See Item 333.
336	APS Healthcare	16	II.B.27	Indicates Plans of Care, for LA-PCS, are sent to the "Department Fiscal Intermediary and/or the registry contractor." (emphasis added) Are POCs always required, in addition to the provider, to be sent to both the fiscal intermediary/fiscal agent and registry contractor?	No. See Item 333.
337	Maximus	16	II.B.27	Please clarify whether and when the LTC-AS contractor should send the Plan of Care to the Department Fiscal Intermediary and/or registry contractor.	Related Items 333 and 336.
338	APS Healthcare	18	II.B.18	Section II.B., item 18, (page 14) requires the LTC-AS contractor to "Share updated information with the registry contractor electronically as specified by OAAS." What specific information is to be shared?	Once the POC is completed, that information will need to be shared with SRI. Additionally, information including but not limited to demographic data (change of address, phone number) as well as medical eligibility data (such as LOCET status).

Quality Monitoring

Item #	Submitter	RFP Page	RFP Section	Question	Answer
339	Maximus	11	II.B.4, 5,	Please describe the OAAS Quality Monitoring that will be used to measure performance.	Review of sample cases and monthly reports.
340	Healthcare Solutions	12	8	What percent of calls need to be sampled for quality monitoring purposes?	The proposer should define the sampling size for quality monitoring.

341	Independent Living Systems			The RFP States: Vendors are asked to "maintain a telephone call recording system tracking time and date of call," and "recordings must be available for OAAS review for at least 3 months" Must all audio files be directly available online to OASS, or can older recordings be archived offline and made available to OASS as requested?	Recordings must be readily available to OAAS; the proposer should indicate how they plan to accomplish this. See also Items 342 and 343.
342	APS Healthcare	12	II.B.8	Requires the LTC-AS contractor to "establish and maintain a Telephone Call Recording System tracking time and date of call for quality monitoring" Is live call monitoring an acceptable alternative to recorded telephone conversations?	Live monitoring of calls may be done in addition to recorded calls, but not in lieu of recording calls. See also Items 343 and 341.
343	Public Consulting Group	12	B. (8.)	Is the Expectation that all calls are recorded? Does OAAS want to be able to monitor calls live?	It is not required, nor is it prohibited, that 100% of calls be recorded. OAAS may want to be able to monitor live calls occasionally. See also Items 341 and 342.
344	ACS		13	The current requirement located in the LOCET training Manual for review of SMS after receipt is 5 business days. OAAS is now requiring one business day review from receipt of SMS. Is this new timeframe correct? If so, OAAS needs to understand the implication that supplemental staffing resources might be added to meet this requirement	See page 13 (2) B. 14.
345	Maximus	15	II.B.22	What are the criteria for the OAAS Quality Monitoring of providing clear and unbiased explanations of program choices?	In Section FF of the LOCET, the Intake Analyst is expected to give a brief overview of the basic programs available to the caller, including the services provided and basic eligibility criteria. This will be monitored during QA of phone LOCETs. During a LOCET audit, the recipient is asked his/ her understanding of the information given during the LOCET phone interview.
346	Maximus	15	II.B.24	What are the criteria for the OAAS Quality Monitoring of the Plan of Care development and sufficiency?	Plan of Care is based on needs as identified in the MDS-HC assessment and the triggered CAPs. Plan of Care is person centered and individualized to meet the person's needs and preferences. Plan of Care identifies and includes natural and community supports prior to the use of paid support whenever possible.
347	Healthcare Solutions	15	25	What is the timeline for QA review and approval following a completed plan of care?	OAAS monitoring and QA process and timelines will be provided post-award.
348	ACS		16/18	The timeframes do not allow for QA review, what is OAAS' solution? As such, how can OAAS impose a penalty for quality when it has in effect eliminated the QA process?	OAAS believes its timeframes are reasonable to complete the QA process.

349	LHCR	21		Regarding the first additional task on page 21, for which program does OAAS envision that the LTC-AS might perform quality management) e.g., waivers, LT-PCS, etc.)? Because it may be appropriate to provide different levels of oversight to different programs, should the contractor price out oversight separately by program?	First question:The additional task on page 21 refers to LT-PCS. Second question: No., but the proposer should provide a breakdown of how the price was determined.
Performance Measures					
Item #	Submitter	RFP Page	RFP Section	Question	Answer
350	Maximus	33	III.H	The department says there is an incentive for performance. Could you please elaborate on what the incentive means?	The incentive is to receive full payment for services as opposed to reduced/partial payment as set forth in Section II.L.
351	Healthcare Solutions	10	B	Are calls that roll out to the automatic attendant considered abandoned calls?	Yes, abandoned calls are all those not answered by a live person before the caller hangs up during business hours.
352	Healthcare Solutions	10	B2	During the process of returning a call from voicemail, if a live contact is obtained, but not the recipient or authorized representative, does this constitute a live contact?	It may constitute a live contact if it is a family member at least 18 Years of age.
353	Healthcare Solutions	10	B2	Is it acceptable to leave a message on the recipient's answering machine?	Yes, it acceptable to leave a message on the individual's answering machine. But that is not considered a live contact.
354	Maximus	10	II. Scope of Work, B. Services to be Provided, 1.	The Performance Measure for abandonment rate does not define the minimum length of the call required to consider it "abandoned" Does the Department wish to designate a call length for this?	Calls abandoned are those not answered by a live person before the caller hangs up during buisness hours. Calls hanging up during the ACD phone greeting message will not be considered abandoned.
355	Maximus	10	II.B.2	The Performance Measure for returned calls states "obtain 80% live contacts within one business day." Would the Department consider adjusting this to exempt voice mails that are unintelligible, leave a wrong number, or cannot be reached after 3 legitimately spaced, documented attempts throughout the day? Could a number of attempts by an outbound dialer or LTC-AS contractor staff be sufficient to fulfill the "80% live contacts" requirement?	These performance measures were established to take these issues into account.

356	Healthcare Solutions	11	6	How should a transfer be recorded when a busy signal, no answer, or wait time occurs on the destination of the call?	The transfer should be recorded as not a live transfer. The staff person should leave a message on the SPOE voice mail asking the SPOE to call the client (giving their phone number). And the client should be given the SPOE phone number to be able to call them directly.
357	LHCR	14	LHCR	Performance measure (21) cited on page 14 of the RFP indicated a timeliness requirement for the contractor to complete the assessments: within two days for those hospitals or protective services or 10 days for the others. The RFP also says failure to meet these requirements will result in the contractor receiving 75% or 50% of the full payment. We strongly support OAAS' performance based contracting approach. Can OAAS provide guidance regarding how it will delineate delays that are the contractor's fault vs. delays that are behind the contractor's control (e.g., consumers not being available for an assessment)? If not, should the contractor propose how it would make this delineation?	The performance measures were established inclusive of situations such as the case indicated.
358	Maximus	24		For the initial face-to face assessment for LTC- Personal Care Services clients, in the event that the client is not available to schedule the assessment within 10 working days after the initial contact, (or the completion of the LOCET) will the department take that into consideration when awarding monthly payments?	See Item 357.
359	Maximus	24	II.L.4	For the change in condition assessment for LTC- Personal Care Services, in the event that the consumer is not available to schedule the assessment within 10 working days after notification / identification of the change in condition will the department take that into consideration when awarding monthly payments?	See Item 357.
360	Healthcare Solutions	25	Section 1	For each month that the contractor meets the 95%, will the payment be released at the beginning of the following month? If the payments will not be made monthly, when does the OAAS plan to conduct the review and pay the contractor ((i.e., month 13, 14, etc.)? These questions are being asked to have a better understanding as to when a bidder can expect recovery of the "10% of the annual contract value" that is to be withheld by the OAAS.	Review will occur on an annual basis. DHH cannot specify when review will be completed, however, every effort will be made to complete the review in a timely fashion.
361	Maximus	25		Does the contractor have to achieve the performance standards each month, or will the department take the yearly average to see if the contractor is achieving each performance standard each year?	The contractor will have to achieve the performance standards each month.
362	Independent Living Systems			Related to the reimbursement rates for assessment completion within certain time parameters: will there be any considerations for client delay?	See Item 357.

363	Healthcare Solutions	14	21	The timeline presented does not allow for determination of financial eligibility outside of the facility. Would OAAS reconsider this timeline to begin from the time financial Medicaid eligibility is determined outside the facility?	See Item 357.
364	Maximus	11	II.B.6	The Performance Measure for transferring Regional Single Point of Entry live calls states "0 percent successful live transfers" Would the Department consider exempting those calls when the Regional offices cannot be reached when trying to perform the transfer via three-way call? What safeguards are in place to assure the LTC-AS contractor that the Single Point of Entry agencies will answer the phone live and the LTC-AS performance metric is achieved?	See Item 357.
365	Maximus	11	II.B.7	The ACD requirement asks that it track "type of caller (client, family, friend or service provider), type of individual seeking services (Medicaid or non-Medicaid), type of information sought (information and referral, request for services, complaint, status of service), contractor response to call." Does the Department intend that this information is recorded/documented for calls answered by customer service representatives rather than be automatically programmed into the ACD menu choices?	Yes.
366	Healthcare Solutions	14	19	Please provide your expectations if the vendor is unable to contact the eligible person within 5 business days?	The performance measures were established inclusive of situations such as the case indicated.
367	ACS		General Question	Will the successful contractor be held to the timeframes when Telesys is down?	Yes. Given historical performance data on Telesys downtime, the contractor will be held to the timeframes. They should have an OAAS-approved contingency plan in place.
368	ACS		General Question	The timelines and tasks substantially conflict with the RFP related to OAAS Policies governing the assessment and care planning processes for Home and Community Based Services. Which document should the proposer use as a guideline for responding to the RFP?	This should be guided by the RFP.
369	APS Healthcare		II.B.2	Includes performance measures related to "promptly return calls and messages" that indicates the LTC-AS contractor is expected to "obtain 80% live contact within one business day." How can LTC-AS contract be held to making contact?	See Item 357.
370	APS Healthcare			Would OAAS consider modifying the performance standard to only include the responsibility to return calls within one business day?	See Item 357.

371	APS Healthcare	10-17	II.B	"Multiple performance targets" references the various performance standards specified in section II.B, (pages 10-17) applicable to correspondence and mailings. What specific standards are applicable to the retainage, and is what is the specific formula or weighting methodology to be used to measure an aggregate level of performance relative to the release of one-fourth of the annual retainage?	All requirements for correspondence, forms and mailings must be performed as outlined in Section II.B.
372	APS Healthcare			What is the sampling methodology used by OAAS to ensure a representative and statistically valid measurement of LOCET accuracy?	Random sampling used for Audit LOCET assignments.
373	Arbitrie			If a client and/or family is unable/unwilling (out of town, work conflicts, difficulty contacting, etc.) to complete the assessment within the 2-10 day turn around, and the contractor can document this fact, will the contractor still be paid at the lower rate for the assessment for not meeting timeliness?	See Item 357.
374	APS Healthcare			Section II.B., item 21, (page 14) provides for different performance measures relative to face-to-face assessment for "clients in hospitals or verified Adult/Elderly Protective Services clients." Can OAAS provide the services list numbers?	There is not a list of EPS clients. When needed, a referral is made.
375	Healthcare Solutions	14	19	Who provides the adult protective services list? How often will the successful contractor receive updates? Will this include elderly protective services?	See Item 374.
376	APS Healthcare	14	II.B.21	Provides for different performance measures relative to face-to-face assessment for "clients in hospitals or verified Adult/Elderly Protective Services clients." Can OAAS provide a breakdown of the number of such cases?	Estimates for LOCETs performed when the applicants current location is in the hospital (excluding Region 2). 2007: 676 In 2008: 901. Estimates on APS/EPS cases is not available at this time.
377	Healthcare Solutions	14	21	What are the expected volumes for requestors in hospitals or identified as Adult Protective/Elderly Protective Service clients as this affects scheduling and costing?	See Item 376.
378	APS Healthcare			Are there specific mechanisms required to verify Adult Protective Services or Elderly Protective Services clients for the purposes of tracking the clients separately?	Yes, referrals for these clients will come directly from the Protective Service agencies and will easily be tracked.

379	Maximus	24	II.L.1	For the initial face-to face assessments for clients in the hospital or Adult Protective Services or Elder Protective Services, in the event that the client is not available to schedule the assessment within 2 working days after the initial contact(or the completion of the LOCET) will the department take that into consideration when awarding monthly payments?	See Item 357.
380	Healthcare Solutions	16	26	How can OAAS hold the successful contractor responsible for provider selections which do not occur during the face- to- face visit since there is no requirement for the recipient to make a choice within 5 business days?	The performance standard of 90 percent takes into account that some recipients will take longer in making their decision.
381	Healthcare Solutions	16	29	In many situations, forms (i.e., SMS, formal supports, informal supports, residence change) need to be completed by the recipient/provider/primary care physician. Because the contractor has no control over the turn around time for these documents, the 10 day timeline does not seem reasonable. Would OAAS consider modifying the requirement to 10 business days from receipt of verification of change in condition?	The performance measures were established inclusive of situations such as the case indicated.
382	Healthcare Solutions	16	30	Because recipients are sometimes difficult to reach by phone, please confirm the number of call attempts the contractor must complete in order to meet this requirement.	A sufficient number of call backs to achieve the 90% performance standard.
383	APS Healthcare	24	II.L	Indicates " portion of the monthly payment to the contractor will be for timely completion of client assessments." Is it acceptable for discharge planners or other appropriate hospital personnel with knowledge of the client's condition to function as respondents for clients in hospitals?	Yes they may act as informant as long as they have knowledge of and have seen the client within the appropriate look back period.
384	Healthcare Solutions	18/19	9	What are the requirements for the successful contractor in working with Hospital and Nursing Facility discharge planners?	See Item 383.
385	Healthcare Solutions	24	L/2	For individuals in a nursing facility, should the time line begin on the date financial Medicaid eligibility verification is obtained from the Medicaid Regional offices?	No. See Item 357.
386	Healthcare Solutions	25	3	How can the Successful Contractor be responsible for a 90% satisfaction rate when they are not the only entity being evaluated?	OAAS will work with the contractor to ensure the client satisfaction requirements relates to the contractor's scope of work.
387	Independent Living Systems			RFP call for Performance Measure of 95% accuracy of LOCETs matching with OAAS quality monitoring audit findings. Clarification requested.	In 95% of audits performed by OAAS, the auditor will arrive at the same conclusion as the contractor's LOCET-certified assessor.
388	LHCR	15		it is our assumption that the performance measures noted on page 15, #24 are applicable whether an individual selects the LA-POP or the LT-PCS option. Would DHH certify whether our interpretation/assumption is accurate; and if not, would DHH provide clarification?	The assumption is correct.

389	ACS	24-25	There is no upside to overachieving. Will OAAS provide incentives for overachieving?	All overachievements will be graciously praised and commended.
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Reports & Forms

Item #	Submitter	RFP Page	RFP Section	Question	Answer
390	LHCR	11	LHCR	Task 4. Will DHH provide the LTC-AS contractor with the categories of client and referral places to be included in the monthly reports?	Yes
391	Healthcare Solutions	18	C.2	Is our understanding correct that at such time OAAS exceeds 50 hours of ad hoc reports, the contractor will be able to submit an invoice for any additional hours?	No.
392	Independent Living Systems			The vendor is asked to electronically compile and submit a number of reports to OAAS, is there an expected format for reporting (MS EXCEL, Crystal, and PDF, etc)?	Microsoft Office Suite.
393	APS Healthcare	18	II.C.2	States "standard reports will be electronically compiled and electronically submitted to OAAS based on schedule described above in the Deliverable Section." Is the "Deliverables Section" referred to mean section II.B (beginning on page 10) that addresses "service (tasks) to be provided" and "associated performance measures?"	Deliverables are included in Section II, A-F.
394	Healthcare Solutions	18	C.2	Is our understanding correct that at such time OAAS exceeds 50 hours of ad hoc reports, the contractor will be able to submit an invoice for any additional hours?	No.
395	LHCR	11	LHCR	Task 4. Will DHH provide the LTC-AS contractor with the categories of client and referral places to be included in the monthly reports?	Yes
396	Independent Living Systems			The vendor is asked to electronically compile and submit a number of reports to OAAS, is there an expected format for reporting (MS EXCEL, Crystal, and PDF, etc)?	Microsoft Office Suite.
397	Greystone			What types of functionality or automation does the state require to manage provider time cards?	This RFP does not involve management of direct service providers.
398	Greystone			What types of functionality or automation does the state require to manage Invoices?	Currently, invoices may be mailed via postal mail, scanned and emailed, faxed or hand-delivered to the department.
399	Greystone			What types of functionality or automation does the state require to manage billing/claims functionality?	The successful bidder will not be performing billing or claims.

Louisiana Personal Options Program (LA-POP)

Item #	Submitter	RFP Page	RFP Section	Question	Answer
400	Independent Living Systems			Is there additional information available regarding a timeline for expansion of LA-POP beyond Region 2? Was LA-POP successfully implemented in January 2009 in Region 2?	LA-POP's implementation was delayed. The anticipated implementation date is now Fall 2009. The program will be piloted in Region 2 until June 30, 2010. We anticipate expanding to other regions or statewide after one year of piloting.
401	APS Healthcare			Was LA-POP get implemented successfully in January 2009?	No. See Item 400.
402	APS Healthcare			Where?	See Item 400.
403	ACS		General Question	The requirement indicates LA-POP is limited to the Baton Rouge region? If so, please confirm. If not limited to the Baton Rouge region, what is the roll-out schedule?	See Item 400.
404	Greystone			What is Louisiana's vision for the use of a consumer-directed care model over the next couple of years?	See Item 400.
405	APS Healthcare			Although not include in historic data, are there estimates of the participation rate in LA-POP?	7% of participants are expected to choose to self-direct their care when given the option. see www.cashandcounseling.org
406	Independent Living Systems			Please clarify the following related to LA-POP. On page 4 it states the Clients expressing interest in LA-POP will be given a self-assessment [this could imply it is handed to them for self-administration] and they are referred to a services consultant agent?	The self-assessment is a 2-page form which is self-completed or completed by the recipient's personal representative once interest in LA-POP is indicated.
407	LHCR	4		Are there at least some occasions when a services consultant agency may also be support coordinator agency. Or is the services consultant agency a separate/distinct agency?	No..
408	Healthcare Solutions	4	I, A	Since LA-POP Roll out is on March 1, 2009, who is responsible for performing the related scope of work?	This is not relevant to this RFP.
409	APS Healthcare	6	I.A.	Based on that implementation experience, what is the anticipated timeline for expanding to other regions?	See Item 400.
410	APS Healthcare	6	I.A.	Also references the impact from "statewide expansion of consumer-directed personal care."	See Item 405.

411	KEPRO		i.A.4	How will the personal assessment tool be sent to the client?	See Item 406.
412	KEPRO		I.A.4	If the client is unable to complete the form, would it be acceptable to send this to the current care giver/family member?	Yes.
413	Public Consulting Group	6	I. (B)	What is the plan and timetable for the phasing in the LA-POP beyond Region 2?	See Item 400.
414		15	II. Scope of Work, B, 24 and 25	Is it the responsibility of the LTC-AS Contractor to develop a person-centered plan of care for clients choosing the Louisiana Personal Options program or is it the responsibility of the Services Consultant agency? If it is the responsibility of LTC-AS Contractor, what is the difference between the person-centered plan of care developed by the LTC-AS Contractor and the Personal Supports Plan developed by the Services Consultant agency?	First question:It is the responsibility of the LTC-AS contractor. Second question: The person centered plan of care will address the care needed, while the personal supports plan will address the supports needed to carry out person centered plan(i.e. where environmental modifications (if needed) will come from, marketing plan to hire own workers, training curriculum for workers, and developing the budgets for planned supports).
415	ACS		16	What does the successful contractor do with the Personal Supports Plan?	The service consultant will assist the participant in identifying those comprehensive supports needed for the participant to remain living independently in the community. These needs will be addressed in the personal supports plan which the service consultant will help develop. The service consultant will monitor the supports plan and when needed, per the request of the participant, will make amendments to the plan.
416	APS Healthcare	10	II.A.	Requires the LTC-AS contractor to refer clients choosing LA-POP to a Services Consultant Agency (where available). Does the LTC-AS contractor perform in-home assessment using the MDS-HC and complete a Plan of Care before offering the LA-POP option?	Yes.
417	Healthcare Solutions	32	8	Is it intended that the successful contractor conduct the self-directed assessment in lieu of an available service consultant agency?	No.

418	APS Healthcare	15	II.B.23	indicates the LTC-AS contract will “conduct Self-Direction Assessment” for clients choosing LA-POP. Can OAAS provide more detail regarding the assessment and associated assessment protocols. For example, is this the same instrument as the self-assessment referred to in Section I.A., Background (on page 4) the same a self-assessment referred to on Pg 4? If not, what is the purpose of the separate instruments? Can OAAS share copies of all assessment instruments required for LA-POP?	See Item 417.
419	Maximus	15	II.B.23	What are the primary components of the Self-Direction Assessment? What are the range and average times for administering the Self-Direction Assessment?	The self-direction assessment asks the recipient how he/she will perform the duties involved with self-direction: hiring and training an employee, dealing with conflict, etc. Question 2: see 350.
420	APS Healthcare	15		If not, what is the purpose of the separate instruments?	See Item 419.
421	Healthcare Solutions	15	22	Are there written materials that OAAS has developed for the program LA-POP? If so, who is to provide this material?	Contractor will not be expected to develop these materials.
422	Public Consulting Group	15	B (23.)	What is the LTC-AS contractor's responsibility in conducting the Self-Direction Assessment since it is our understanding that it is a self assessment? Is there an estimate of how many people will choose LA-POP?	First question: See Item 406. Second question: See Item 405.
423	Healthcare Solutions	15	23, 24, 25	There appears to be a conflict of performance between 23, 24, and 25—they appear to contradict each other. Could OAAS please clarify?	There is no contradiction. For clients choosing LA-POP: Conduct a Self-Direction Assessment (in 23) [after this assessment, the client may change their mind and want to choose LT-PCS]. For clients choosing LT-PCS: 1. develop the Plan of Care for LT-PCS during the face-to-face meeting (24) 2. Then, develop a Plan of Care for LA-POP clients (in 24) during the face-to-face meeting 3. Then, contact the Services Consultant agency
424	APS Healthcare	16	II.B.28	This section indicates Plans of Care, for clients choosing LA-POP, are to provided to “the client, the Services Consultant agency, the Fiscal Management Services (payroll) agency, and 'electronically' to the Medicaid fiscal agent and/or registry contractor.” Again, the POC always sent to both the Medicaid fiscal agent and/or registry contractor? What is the transmission medium to all of these parties? Who is the Fiscal Management Services (payroll) agency? What is the transmission medium to this entity?	It is anticipated that the POC will be sent to the contractor who issues prior authorization. This information will be sent electronically. A fiscal agent contractor has not been selected.
425	LHCR	32		Can the state provide more information about the Self-Direction Assessment referenced on page 32 of the RFP? Does the state envision that an assessment of an individuals or a family member's capacity to self-direct would be part of the scope of work?	First question: See Item 406. Second question: Yes.

426	Healthcare Solutions	32	8	What is a Services Consultant Agency and what are the qualifications? If this is available, could the OAAS please provide or advise where this is available.	First question: See page 4 of the RFP, Section I.A. for description of a Services Consultant Agency. The qualifications of a Services Consultant Agency are not relevant to this proposal. Second question: The list of Services Consultant Agencies will be provided to the contractor when it is developed, relative to the LA-POP program.
427	APS Healthcare			What is the transmission medium to this entity?	Electronic.
428	Greystone			In programs where the State has opted for consumer-directed care, what mechanisms are currently in place or desired to be in place to support this?	Louisiana has implemented consumer directed programs in the Office for Citizens with Developmental Disabilities (New Opportunities Waiver - NOW) Program. Supports in place include support coordination services for monitoring and resource guidance assistance, and assistance from a contract Fiscal Management Agency for payroll, trainings, etc.
429	Greystone			What is the current structure of the various organizations that support consumer-directed care? If possible could you please share any nuances as to how this works in Louisiana?	It has not been implemented yet. The structure of the program will consist of a services consultant, a fiscal management agency, OAAS, and Participant.
430	CHCS			Will the state fiscal intermediary (FI) reimburse the home and community based provider for services rendered or is it the responsibility of the vendor to act as the FI?	Question unclear. The successful proposer on this RFP will not be responsible for provider reimbursement.
431	APS Healthcare			Can OAAS share copies of all assessment instruments required for LA-POP?	Manual and forms are currently being developed.

Program of All-Inclusive Care for the Elderly (PACE)

Item #	Submitter	RFP Page	RFP Section	Question	Answer
432	APS Healthcare	4	I.A	This section indicates a PACE program in Monroe [parish] is planned for 2009. When specifically is this program expected to be implemented, and what is the anticipated impact on the volume of services performed by the LTC-AS contractor?	The date for the PACE Program in Monroe has not been established. The expected impacted on volume of services is minimal.

433	APS Healthcare	4	I.A	Describes current and future PACE programs. What is LTC-AS contractor's role in screening for PACE?	The current PACE programs are located in Baton Rouge and New Orleans. The future PACE program is slated for Monroe (no start up date established). The contractor will complete LOCETS for the Pace program outside of Region 2 SPOF.
434	LHCR	0	LHCR	Please confirm that the LTC-AS contractor is only responsible for conducting the LOCET and making referral to PACE sites and not responsible for conducting comprehensive assessments and support plan development.	Persons entering into the PACE Program receive their assessments and support plans from the PACE program.

Miscellaneous

Item #	Submitter	RFP Page	RFP Section	Question	Answer
435	LHCR	3	LHCR	Other than notifications/information exchange, does the LTC-AS contractor have any oversight or other responsibilities to the support coordinator agencies?	No.
436	Greystone			Can you please list the services that are specifically being provided under each waiver program? Of the services provided, can you note which services are allowed to be consumer directed?	Not applicable to this RFP.
437	Greystone			3. How are the rates for each service determined?	Rates of waiver services are not relevant to this RFP.
438	Greystone			4. How often are these rates reviewed?	See Item 437.
439	Greystone			a. A provider specific rate?	See Item 437.
440	Greystone			b. Geographical location specific rate?	See Item 437.
441	Greystone			c. Consumer specific rate?	See Item 437.
442	Greystone			d. Special variance such as complexity of service being delivered?	See Item 437.
443	Greystone			c. Consumer specific rate?	See Item 437.
444	Healthcare Solutions			Will the successful contractor develop the customer satisfaction follow-up survey or will OAAS provide the questions?	OAAS will mandate that certain questions are asked. Potential bidders may develop additional questions for their QI purposes. OAAS will approve all surveys before implementation.
445	Healthcare Solutions	16	26	Is it OAAS' intent to discontinue the use of the agreement to provide services?	OAAS has not established its final intent related to this process.

446	APS Healthcare	5	I.A	Indicates the LTC-AS contractor responsible for "performing level of care screening for individuals seeking nursing facility services who contact the access system contractor." Who performs LOC determination for others (i.e. Medicaid-eligible, including dual eligibles, that do not contact the LTC-AS contractor)? Additionally, who does PASRR screening (both L1 and L2) for NF admissions?	This question is not relevant to proposal submission for this RFP.
447	Healthcare Solutions	6	I, B	What are the criteria for a SPOE which the contractor must meet in order to bid on any such RFP?	The SPOE is currently in a pilot stage. Once the pilot is completed the criteria will be finalized.
448	EDS	14	Section II. B.21	What is the current average turnaround time frame reported for LT-PCS evaluations completed for clients in hospitals, APS custody, in community-living situations, and residing in nursing facilities?	Current turnaround time is not relevant to turnaround time required in this RFP.
449	Healthcare Solutions	16	27	Why is it necessary to send the plan of care to the Fiscal Agent?	This question is not relevant to proposal submission for this RFP.
450	Healthcare Solutions	23	I.	Will OAAS provide a copy of the Memorandum of Understanding to the contractor as noted in Resources available to Contractor?	This MOU is available by public records request. It is an internal business agreement between DHH offices. It has no relevance to the development of this proposal.
451	EDS	33	4i. Administrative Data	Would DHH consider eliminating the requirement to provide the Social Security number of former Louisiana state employees for identification? Disclosure of this information may be harmful to the employee.	Proposers may provide the last 4 digits of the social security number.
452	ACS	17		If the successful contractor receives Prior Authorization notices from both the registry Contractor and Fiscal Intermediary and the start date differs, how is the successful contractor to determine a true start date?	This question is not relevant to this RFP.
453	KEPRO		General	Which Department within the Agency is responsible for PASRR level I and Level II reviews and how does that play into the SOW?	The SOW for this RFP is not related to PASARR.
454	ACS		General Question	What are the criteria to be a Financial Management Service Agency (FMSA)? Can the successful contractor also become a FMSA?	First question: Not applicable to this RFP. Second Question: The successful contractor will not be eligible to become the Financial Management Agency for LA- POP.
455	ACS		General Question	Are there any responsibilities regarding prior authorizations for the successful contractor?	No.
456	KEPRO		I.B.5-6 Subsection	What is the Agency's rationale for moving to a regional approach verses a statewide system?	This question is not relevant to proposal submission for this RFP.
457	Greystone			Is the Capitol Area Agency on Aging (Region 2) a pilot SPOE, implementing, and testing software and systems developed for this contract?	This question is not relevant to the submission of this proposal.

458	Greystone	What types of functionality or automation to manage service (pre- and post-) authorization does the State require?	The proposer will not be responsible for prior authorizations.
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